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Disability hate crime and social work

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‘This thesis is the result of the author’s original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree’

Signed:

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Wise men speak because they have something to say; fools because they have to say something.

~ Plato

Abstract

According to statistics from the Crown Office and Procurator Fiscal Service, instances of disability hate crime in Scotland have been rising since 2010.The reasons for this have yet to be fully explored in research, although there is a strong belief amongst those working with disabled people, that the vast majority of such incidents go unreported. This study explores disability hate crime conceptually, and in practice, through the testimony of disabled people themselves, and social workers who work alongside them. Utilising Social Relational Model of disability, alongside a methodology influenced by Interpretative Phenomenological Analysis, the study aims to fill the gap in research by positioning disabled people's voices at the forefront of the data collected and analysed. By conducting interviews with disabled people, social workers, and disabled people's organisations in central Scotland, the study finds that an individual's relationship with a disabled identity can play a significant impact in how disabled engage with disability hate crime as a concept, and that while social workers remain enthusiastic and supportive of disabled people who are experiencing disability hate crimes, they themselves suggest that they are being hindered in their ability to offer their best practice, as pressures of time, money, and management, are inhibiting their efforts in the area.

Contents

List of Acronyms Used

ADHD	*Attention deficit hyperactivity disorder*
ASP	*Adult Support and Protection*
ASPSA	*Adult Support and Protection (Scotland) Act*
AWISPA	*The Adults with Incapacity (Scotland) Act 2000*
BBC	*British Broadcasting Corporation*
BME	*Black and Minority Ethnic*
CPS	*Crown Prosecution Service*
DBS	*Disclosure and Barring Service*
DOH	*Department of Health (UK Government)*
DWP	*Department for Work and Pensions (UK Government)*
EHRC	*Equality and Human Rights Commission*
GP	*General Practitioner*
ICIDH	*International Classification of Impairments, Disabilities, and Handicaps*
IPA	*Interpretative Phenomenological Analysis*
LGBT	*Lesbian, Gay, Bisexual and Transgender*
MSP	*"Making safeguarding personal"*
NHS	*National Health Service*
OAPSA	*Offences (Aggravation by Prejudice) (Scotland) Act of 2009*
ONS	*Office of National Statistics (UK)*
PVG	*Protection of Vulnerable Groups*
RQ	*Research Question*
SCR	*Serious Case Review*
SDM	*Supported Decision Making*
SNP	*Scottish National Party*
SSSC	*Scottish Social Services Council*
ST-IAT	*Single Target Implicit Association Test*
UK	*United Kingdom*
UN	*United Nations*
UPIAS	*Union of Physically Impaired Against Segregation*
USA	*United States of America*
WHO	*World Health Organisation*

1. Introduction

School was not fun for me.

I spent most of my years in both primary, and secondary school, dealing with anxiety issues which I had no way of explaining as a boy, stemming from my daily experiences of being bullied, severely. Both issues of anxiety, and bullying, fed each other in a vicious cycle; as the bullying increased, so did the anxiety. As the anxiety became harder to hide, the bullying became more intense. This pattern continued until I made an extremely early, and permanent exit from school at the age of 14. While painful, and stressful in its own right, exiting school eventually allowed me to slowly piece myself back together, mentally and emotionally. Shortly after my 15th birthday, the long, and arduous healing process began.

The mental and emotional scars these experiences left on me have been quite profound, and I would argue, have never quite fully healed. I still struggle with bouts of anxiety and depression from time to time, stemming back to my years in school. However, since my recovery began, I have always been conscious of the fact that for me, there was some sort of escape from these experiences which allowed me to recover and regain control over my life. As more time passed, the more I felt that while I had moved on, there would be countless other kids in a position like my own, kids whom for whatever reason, were still trapped needlessly. The sense of injustice this stirred in me, is something which has never quite left me. In fact, it has become one of, if not the main driving force in my life since.

Towards the end of my undergraduate studies, I took a module entitled Disability and Society, led by who would become the first of my several long-suffering PhD supervisors, Professor Kirsten Stalker. This module was my first introduction to disability studies in an academic context, and while the module was interesting and thought provoking, it was, a guest speaker during one lecture that really caught my attention. He was a man with (self-defined) mild learning disabilities, who was only several years older than myself. He had come primarily to talk to the class about his day job, which was working for a local disabled people's organisation, but it was his story about his commute into the University from his home town that very morning, that struck me. He told the class about just after arriving at his local train station, he had bought his ticket, waited at the platform for his train, only to see three men casually pointing at him, giggling to themselves. Soon, as they began to approach him, he realised that these were three men he had known as boys at school; three men who had bullied him at school, because of his disability. He recounted that these three men, all in their early 30s by this point, resumed where they had left off at high school. Still laughing to themselves, they approached him, calling him names, winding him up, teasing him. He gently laughed this off, but mentioned an internal resignation about this event, a kind of inevitability of events like this. It was just something that he disliked but had just gotten used to.

This event, shocking to the class, was treated as a quite regular occurrence by this man. Bumping into people he went to high school with, often ended up in similar situations, where he was made to be the focal point of ridicule -a soft and easy target. He still disliked these experiences, as he had done throughout school, but there was a sense of powerlessness in his story about his experience that morning. It made me instantly reflect on my own experiences with bullies, where I had been able to cut ties, escape, and start again, the speaker was just an ordinary man, going about his business, living his life, enjoying gainful employment, contributing to and being an active member of his society and community, and still, had had no real escape from his high school tormentors.

The sense of injustice this stirred in me was immediate. I also felt guilty that I had managed to escape and put these issues behind me, where others were still cruelly taunted by their past, another injustice. This event that happened to a young disabled man at a train station on a Friday spring morning wasn’t just his past, it was his present. Another episode of a long continuum of abusive and traumatic events, which had started at some indistinguishable point in his earlier life, and had continued to the present day.

This sense of injustice is what led to the genesis of this PhD. What this man experienced in school may easily be labelled as bullying, but now, as a fully-grown man, living independently, can it be argued that continuing acts of aggression such as what he experienced on that frosty Spring morning were still bullying? I left that class with a renewed focus. I needed to find out what was happening to disabled people in Britain, and what, if anything, can be done to stop these instances, these possible disability hate crimes, from continuing.

Statistics collected by both the UK and Scottish governments show that experiences such as the one describe above, are sadly far from isolated incidents, with increases in disability hate crime having risen on an almost year on year basis in recent years, with an alarming 30% increase between 2017 and 2018(Home Office, 2018, COPFS, 2018). Existing academic research in the area has suggested that disabled people in Britain are frequently victimised (L. Jones et al., 2012; ONS, 2013; Quarmby; 2011; Emerson and Roulstone, 2014; Hall, 2018), with the term disability hate crime, coming into use more frequently over the past decade to describe aggressive behaviours against disabled people. This is a new term to describe old behaviours, and as a relatively new term, the understanding of disability hate crime is open for debate, as it has no legal status in Scotland. As a result, the understanding of disability hate crime can differ from person to person, and service to service. The real effects of disability hate crime, however, are very real. Aggressive acts towards disabled people can have long lasting emotional and physical impact on victims, and can even result in death (Adams, 2008). It is therefore imperative that services who work directly with and alongside disabled people, are aware of these potential dangers, and are taking appropriate measures to protect service users, and challenge prejudicial aggression.

This study is a qualitative study, which consists of three sample groups of participants, disabled people, social workers, and non-social work services. This was chosen as an attempt to bring a more balanced view to the study, one which features more voices of disabled people themselves in a prominent role. In total 42 people were interviewed across the three sample groups, using semi-structured interviews. Participants were recruited from across Scotland, social workers were invited from local authority social work services, while disabled participants were recruited from disabled people's organisations, and non-social work services were recruited from across the country by direct contact.

The study utilises a Social Relational Model of disability (C. Thomas, 1999, 2004, 2007), a model where disability is viewed as a complex system of social relationships, interactions, environmental, and corporeal factors, unique to each individual. This is opposed to a more Medical Model approach, which would focus more on impairment as the main aspect of disability. The study itself also makes use of an interpretivist methodology known as Interpretative Phenomenological Analysis (Jonathan A. Smith, Flowers, and Larkin, 2009; Harper and Thompson, 2011), a methodological approach which aims to understand social phenomena by how participants feel and understand experiences, as opposed to simply describing events.

This study aimed to explore what disability hate crime looks like in modern Scotland, and how it is understood by those affected by it and working to help those affected by it. Existing research in the area is still in its infancy, so the study is hoping to contribute to a growing area of research, while offering a unique perspective from social workers, other services, and disabled people themselves, so that future research in the area, builds on what those directly involved with disability hate crime related issues have contributed to this study.

Legally, disabled people are covered by the same legislations which ensure their human rights as those without disabilities. There are however, several domestic and international policies, legislations, as well as guidelines, specifically aimed at improving the lives of disabled people, which assist in keeping them safe, and ensuring that their rights are protected. Modern policies have tended to move sharply away from Medical Model based ideas of disability, where disability is located primarily around the body, and now incorporate more Social Model influenced ideas as the basis for their understanding and definition(s) of disability (Barnes, 2007). Current policies have also had to change to keep abreast with the transitions of vulnerable and/or disabled people from institutions to leading a greater role in public life, and living more independently in recent decades (Scottish Executive, 2004a; Stewart, 2012). In Scotland, the Adult Support and Protection Act (2007) (Scottish Government, 2007) is the most relevant legislative document in relation to safeguarding disabled adults or vulnerable people. The ASPSA strongly advocates multi-agency work, a very common approach across policies and legislation, and appears to be the favoured approach to tackling hostility towards disabled adults. In relation to this study, the other piece of legislation of particular relevance is the Offences (Aggravation by Prejudice) (Scotland) Act 2009, which is a close proxy to hate crime legislation in Scotland, one which covers prejudices against disabled people, among others.

Policies in Scotland around disability hate crime are spotty, with no explicit hate crime legislation in place. However, there are several important policies which do protect the rights of disabled people (amongst) others, from prejudicial attacks. As a signatory to the *United Nations Convention on the Rights of Persons with Disabilities,* (UN General Assembly, 2007), the four constituent nations of the UK have a mandate to protect the rights of disabled people, whilst more specific policy nationally has been developed to this end. In Scotland, The *Adult Support and Protection (Scotland) Act 2007* (Scottish Government, 2007), the Keys to Life (Scottish Government, 2013), policies both focus primarily on vulnerable adults (including disabled people), both feature adult protection heavily (which can be interpreted as tangentially related to disability hate crime via means of adult protection, although neither provide any specific recommendations on disability hate crime directly), both aim to keep adults with disabilities safe and empowered in their communities, but are not designed to address disability hate crime directly. The ASPSA (2009) however, does suggest the formation of adult-protection committees to be setup throughout Scotland, with the overarching mandate to protect vulnerable adults from harm, which in practice, could also cover acts of disability hate crime. The *Offences (Aggravation by Prejudice) (Scotland) Act 2009* may be the closest thing Scotland has in relation to a "hate crime policy", although it also faces difficulty in practice from the confusing, and often contested nature of hate crime, and even disability in contemporary society, as it does not explicitly mention disability hate crime, although its own definition of offences aggravated by prejudices against groups such as disabled people, may cover many definitions of disability hate crime, albeit under a different title.

These issues in policy around terminological issues, help illustrate the slippery and elusive nature of disability hate crime conceptually and practically, as varying understandings of disability hate crime as a concept can vary wildly from individual to individual. In practice, this makes it a hard concept to disseminate properly in a way that satisfies all parties who can be affected by it. It also makes the practice of offering a concrete definition difficult in the context of the thesis, as not only did my own understandings and beliefs around the definition change over the course of writing this thesis, but also having to contend with multiple definitions and understandings across a range of participants was difficult in practice. While the actual definition of disability hate crime is discussed at length during the findings section, the study utilises the definition used by the Crown Prosecution Service, as it offers a relatively wide scope for exploration of the topic, where hate crimes are;

- *Actions of hostility that create fear and humiliation, which can be described as*

    - *Spite, antagonism, aggression, ill-will, prejudice, and confrontation*
- *These actions can include, (but are not limited to);*
    - *Threats, physical harm, damaging property, harassment/bullying,*
- *And are actions committed because of hostility based on*
    - *Sexuality, nationality, ethnicity, religion, gender identity, race, and disability (CPS, 2016).*

The concept and definition of disability hate crime also is shown to exist in a relatively grey area in terms of policy, often falling between strict definitions across several policies, but also falling into and overlapping others, which illustrates the confusion around the term and its usage. It also shows that social workers themselves are largely aware of the issues facing disabled people, including disability hate crime, although there is a feeling amongst social workers that they are not able to work to their potential in relation to these issues, as time and financial pressure on the profession increases.

The challenges of tackling disability hate crime are manifold. In the following chapter, a review of relative literature shows existing research into the topic, from a policy level, to existing research on social work, disability hate crime, disability theory, and hate crime itself. The following chapter, introduces the concepts of disability theoretically, following an introduction to some of the terminological issues, and considerations taken with the language used (and discussed) throughout the rest of the thesis.

2. Literature review

2.1 Policies, legislation, and guidelines

Legally, disabled people are covered by the same legislations which ensure their human rights as those without disabilities. There are however, several domestic and international policies, legislations, as well as guidelines, specifically aimed at improving the lives of disabled people, which assist in keeping them safe, and ensuring that their rights are protected. Modern policies have tended to move sharply away from Medical Model based ideas of disability, where disability is located primarily around the body, and now incorporate more Social Model influenced ideas as the basis for their understanding and definition(s) of disability (Barnes, 2007). Current policies have also had to change to keep abreast with the transitions of vulnerable and/or disabled people from institutions to leading a greater role in public life, and living more independently in recent decades (Scottish Executive, 2004a; Stewart, 2012). In Scotland, the Adult Support and Protection Act (2007), (Scottish Government, 2007), is the most relevant legislative document in relation to safeguarding disabled adults or vulnerable people. The ASPSA strongly advocates multi-agency work, a very common approach across policies and legislation, and appears to be the favoured approach to tackling hostility towards disabled adults. In relation to this study, the other piece of legislation of particular relevance is the Offences (Aggravation by Prejudice) (Scotland) Act 2009, which is a close proxy to hate crime legislation in Scotland, one which covers prejudices against disabled people, among others.

2.1.1. The International Framework: UN Convention on the Rights of Persons with Disabilities (2008)

Following a long gestation and development period dating back to the 1980s, the *UN Convention on Rights of Persons with Disabilitie*s was eventually agreed upon by the collective nations of the UN in 2008. While many nations had their own domestic policies and legislations on disability similar to the aims and objectives to that of the Convention, it was the first international level policy of its kind, which explicitly aims to emancipate, and protect the rights of disabled people in nations who have ratified the Convention. Nations who ratify the Convention are then obliged to ensure the human rights of their citizens with physical impairments, those with learning difficulties, mental health issues other impairments, or a combination thereof are upheld (Mittler, 2015). The Convention itself makes no explicit definition of disability, instead, it uses Social Model influenced ideas which recognise the fluidity and social aspect of disability;

> *"…disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others," (UN, 2008, p. 1)*

The Convention itself is led by eight "guiding principles;"

1. *Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons*
2. *Non-discrimination*
3. *Full and effective participation and inclusion in society*
4. *Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity*
5. *Equality of opportunity*
6. *Accessibility*
7. *Equality between men and women*
8. *Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities (UN, 2008)*

The Convention is underpinned by a human rights based approach (Foley, 2012). While it does not introduce any new human rights, it does aim to ensure that the lives of disabled people are treated with the same values and respect that a non-disabled person would expect, giving them equal standing in a broad range of environments and settings. It is broad in scope, covering rights of disabled people in terms of civil, economic, social and cultural rights, as well as disabled people's rights to life, liberty, security, justice, health, education and law (UN General Assembly, 2007).

2.1.2. Closer to home – the influence of No Secrets

The UK, as a signatory member of the *UN Convention on Rights of Persons with Disabilities,* has agreed to uphold the eight guiding principles of the *Convention* in its legislative practice. It has also, however, been developing policies and legislations domestically for some time. One of the UK's most influential disability policy documents in recent history; *No Secrets,* [1] specifically focused on adult safeguarding and protection, covering many areas which may be linked to concepts of disability hate crime. *No Secrets* was an important government publication outlining guidance to local agencies who have a responsibility to investigate cases of possible abuse(s) against vulnerable adults, and take necessary steps where possible to prevent abuses. Its guidance suggests that when a case of (or including) possible abuse is made to a local authority, a social worker or care manager should be designated to investigate the allegation, and where possible, establish and lead a multi-agency response with other agencies who may be involved.

No Secrets is similar to many policies which followed its publication in both England and Wales, as well as Scotland. It strongly advocated a multi-agency approach as the best way to safeguard adults. It proposed that where possible, inter-agency management committees were formed and regularly (at least annually) met to analyse and audit their practices for multi-agency work in adult protection cases. This is an extension of the active collaboration *No Secrets* desires from agencies working with vulnerable adults, arguing that services should be working together to support the rights of those service users they work with, recognising their rights, helping them to make decisions, ensuring their safety and that they have full access to the law. The multi-agency approach is also seen as a good way to foster empowerment, notably by allowing individuals to make decisions about their care which may involve some degree of risk, with risks themselves being drastically reduced when multiple services work together with individuals on equal footing.

While influential, *No Secrets* was criticised in the years following its publication. Its use of the term "vulnerable adult",[2] which some have claimed infantilises adults somewhat, while others have claimed the definition given is too vague and open to

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[1] *No Secrets* only applies to England. It was published alongside similar guidance for Wales, entitled *In Safe Hands.* While this study is interested in Scottish material, *No Secrets* has been included here for its influence and legacy across policies and guidance across the entire UK in the subsequent years following its publication.

[2] Vulnerable adults, and vulnerability as a concept are explored in more depth in the Chapter 4 section " What is vulnerability, and who is vulnerable?" on page 47.

interpretation (UN General Assembly, 2007). As a guidance document, *No Secrets* lacks any statutory power, which has seen it viewed as something of a stop-gap in lieu of any real legislature. It has also been criticised of focusing on social care and social work, placing all of the responsibility for safeguarding on them at the expense of health services, and has also been criticised for arguably breaking down complex cases of abuse and protection, into systematic mechanisms, which can be overly bureaucratic in their approach (Manthorpe, 2001). In the years following its publication, *No Secrets* faced increasing challenges as time, policy, and legislation have all changed. Organisational changes across the country, changes to criminal law, human rights, and even capacity, have all seen changes since 2000, rendering some of the more explicit recommendations in *No Secrets,* out of date (Brammer, 2009).

2.1.3. Capacity and choice - Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 (Scottish Government, 2000b) (or AWISA), is a piece of legislation in use in Scotland[3] which aims to promote the safeguarding of adults[4] who are deemed to lack the capacity to make their own decisions unaided. Safeguarding is an important measure for individuals deemed to be without capacity, as it can contribute towards them being able to take part in wider society with measures in place protecting them from exploitation, and other forms of abuse, such as disability hate crime. Before its inception in 2000, there was no comprehensive legislative framework which could ensure the financial and welfare interests of an adult who was incapable of making some degree of informed decision regarding their lives (Stevenson, Ryan, & Anderson, 2009).

The first part of the AWISA introduces the main definitions and guiding principles which are in use throughout, such as its definition of “incapacity”, which is said to be an individual who is incapable of;

- *(a) Acting; or*
- *(b) Making decisions; or*

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[3] In England and Wales, the *Mental Health Capacity Act 2000*, serves as a comparable piece of legislation.

[4] “Adults” in the Adults with Incapacity (Scotland) Act 2000, are individuals over the age of 16.

(c) Communicating decisions; or

(d) Understanding decisions; or

(e) Retaining the memory of decisions. (Scottish Government, 2000b, 1.6)

The following parts of the AWISA legislate over power(s) of attorney, access to funds and finances, mechanisms for hospitals and care homes to manage finances on behalf of individuals without capacity in their care, medical treatment (even so far as covering medical research), and finally, intervention and guardianship orders.

If the criteria of incapacity as stated in section 1.6 (as listed above) are met, a court then has the power to appoint a "guardian" to take decisions to safeguard the person deemed to lack capacity, which also extends to granting power of attorney, and being able to give informed consent for medical treatments to be performed. The welfare guardian can be a family member, friend, a trusted carer, or even a local authority Chief Social Work officer (Scottish Government, 2000b, 13.1).

The AWISA requires that the individual appointed as the guardian, is responsible for the safeguarding of their charge. This includes a huge amount of responsibility, as every decision made on behalf of the adult must be to their benefit and must be deemed as necessary and the least restrictive option (Scottish Government, 2000b, 47.7).

The AWISA represents a considerable shift in attitude, as it makes an attempt to steer those making decisions on behalf of an incapable adult, away from a more generalist "best interest standards" approach, and instead, focus on "substituted judgement", where the wishes of the individual themselves, are placed at the forefront (Beauchamp & Childress, 1994, p. 171). However, this has been criticised as being open to misrepresenting the views of the person by encouraging their decision maker to substitute themselves for the person they are making decisions for, where a decision maker attempts to put themselves in the mind-set of who they are making the decision for (Stevenson et al., 2009), with a 1995 study of substituted judgement usage was found to form best guesses and inaccurate representations in approximately half of cases examined (Dubler, 1995).

2.1.4. Duties of care - the Adult Support and Protection (Scotland) Act (2007)

The Adult Support and Protection Act (Scotland) 2007 (Scottish Government, 2007), (or ASPSA) is one of the most important pieces of legislation in Scotland today in relation to adult protection and social work with disabled people. The ASPSA utilises a three-point definition of what constitutes an adult of being “at risk” as those who;

> *(a) are unable to safeguard their own well-being, property, rights or other interests*
> *(b) are at risk of harm, and*
> *(c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.*
> *(Scottish Government, 2007, 1.3)*

The ASPSA tends to use the term “harm” when referring to hostile actions. Its definition of “harm” is quite broad, and is said to include “all harmful conduct,” including;

> *(a) conduct which causes physical harm,*
> *(b) conduct which causes psychological harm (for example: by causing fear, alarm or distress),*
> *(c) unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion),*
> *(d) conduct which causes self-harm*
> *(Scottish Government, 2007, 53.1)*

The ASPSA also strongly advocates multi-agency work in dealing with adult protection, something which has become increasingly important in subsequent years (Stevens, 2013). It places a duty on a range of agencies to investigate suspected forms of abuse and harm amongst vulnerable adults, and where possible, adult protection committees made up of individuals from multiple agencies should be formed to work together through cases and ensure that effective multi-agency links and practices are being used at all times. The driving principle guiding the ASPSA, is that any intervention made by services into an adult’s life should be beneficial to them. This means that intervention should not encourage or permit reprisals against the affected person, and should be the least restrictive course of action out of all the courses for action possible. However, the ASPSA does give local sheriffs power to make protection orders of an individual, if an individual believed to be at risk, and has refused consent to any assessment, removal, banning, or temporary banning order made in an attempt to protect their well-being, or that of their property (Scottish Government, 2007, 35.2, 35.7). Removal orders specifically, allow adults to be taken to a place of safety for up to seven days if it shown that an adult has been subject to undue pressure (Scottish Government, 2007, 14.2).

The ASPSA is unique amongst adult protection legislation internationally, as it was one of the first pieces of legislation which supports adults both within and outside of specific mental health or incapacity frameworks, meaning that it is applicable to a wide range of people, some of whom will have full capacity to make decisions about their care and the services they engage with, as well as those who may not have full capacity to do so (MacKay, 2009). There are, however, ongoing debates about how appropriate and effective the role of “capacity” is featured within the ASPSA. Research has found that as a result of the ASPSA, some service providers have been left feeling that there is now some confusion about what course of action to take in situations where an adult’s capacity has yet to be (or is unable to be) determined. This in turn has opened up the ASPSA to small pockets of criticism from those who feel that arguments about capacity are ultimately underpinned by dominant ideas of what constitutes a normative society(Stewart, 2012, pp. 37-39).

In the years immediately following the ASPSA’s introduction, concerns were raised that it may lead to a regression in service provision, back into a more paternalist approach, as “autonomy” as opined in the ASPSA (as well as in a wider sense of the word), can be interpreted in various ways, be it narrowly; to guarantee specific rights and reduce the amount of service intervention in a service users life, or, more generally; to promote well-being, self-determination, with active intervention taking place to prevent harm when possible (McDermott, 2011). A 2014 study of ten case studies from different local authorities in Scotland, found both that service users themselves felt that the ASPSA had had a positive effect on their safety and autonomy, and that service providers themselves felt that the ASPSA was also enabling good levels of practice and protection, while still allowing service users privacy, autonomy, independence, and safety, showing that early concerns about regressive practice, have not came to light (Preston-Shoot & Cornish, 2014).

Social workers themselves have also been said to welcome the changes implemented by the ASPSA, citing that now there was a legal mandate for services to work together, and that the ASPSA had allowed clearer frameworks within local authorities, practice in relation to adult protection cases, was quicker, easier, and often more beneficial and less intrusive for the service user affected (Mackay et al., 2011). In previous research (Mackay et al., 2012), social workers in Scotland have also mentioned that the new legal powers of protection orders, and access to records from different services, have both improved practice a, and they believed their service and practice has improved as a result. The ASPSA itself does not directly comment on disability hate crime, however, its overall aims and objectives of keeping adults, (specifically, disabled adults) safe, and able to lead fulfilling lives, are comparable a piece of legislature which may offer a more direct challenge to disability hate crime. However, as the ASPSA is more concerned about acts of abuse, rather than the motivation behind such acts, an important distinction in comparison to a more specific disability hate crime legislation.

In contrast to the previous policies, such as *No Secrets*, the ASPSA arguably gives professionals greater powers of intervention in the private lives of adults than was previously possible. Some of the major new powers available to local authorities include the power (and responsibility) to investigate *suspected* harm (as opposed to *actual* harm after an incident), to carry out multi-agency assessments of their service users lives and circumstances, and to examine health, financial and other local records to help determine if an adult is at risk of harm. It is important to note that the ASPSA makes deliberate use of the term “harm” as opposed to abuse, as it was noted during the Act’s consultation period that abuse was often seen as a “one off dramatic incident”, where what may appear as minor, but repeated acts against an adult can cause considerable harm to an individual over time (Fennell, 2011).

The ASPSA itself does not directly change how social workers, health service workers and local police deliver their specific services on a day to day basis, but it does provide a statutory structure to facilitate improved responses and cooperation between services when multiple agencies are involved, this being one the Act’s key aims. As the *Borders Inquiry* has shown, lack of effective collaboration is detrimental to both services and users, but a multi-agency approach has its own benefits. Individuals, their life circumstances and their issues may not fall neatly under the sole authority or remit of one service, so the use of a multi-agency response can help analyse individual cases from several viewpoints, whilst keeping in mind the wishes and desires of the individual affected, as mandated by the ASPSA. In this model, individuals are also enabled to make choices (some of which might involve a level of risk), providing services can agree that an individual is fully aware of the risk, are making a decision freely.

The ASPSA has also been said to have a positive impact on multi-agency working. A 2012 study by Mackay et al (2012), of twenty-eight social workers (and one occupational therapist) pooled from three Scottish local authorities, found that since the introduction of the ASPSA, practitioners now felt that the Act was a positive facilitator to their work and to service users themselves, and that now there was a statute of responsibility placed those working in cases involving vulnerable adults, it was now easier to place a priority on individuals and cases they may have had to pay less attention to previously. The professionals also noticed that before the ASPSA, police engagement in cases was much more difficult to obtain, whereas a noticeable improvement had taken place in the years since the ASPSA had come into effect. They also noticed that users were less suspicious and more willing to engage with themselves and other services, as service users were made fully aware that they were able to make informed choices, as long as they were not being subjected to any external pressure. This was shown to lead to debates amongst professionals working together from different agencies as to what the correct (or in some cases, the ethical) path should be, which were not always unanimous, but still seen to be an improvement over the previous method of dealing with cases in isolation to one another. While allowing service users to accept a level of risk may be empowering for them, it may in turn present challenges for individual professionals, as it may be difficult to intervene in someone's life if the person is clearly making an informed choice that is free from pressure (Mackay et al., 2012).

2.1.5. Disability hate crime by proxy – the Offences (Aggravation by Prejudice) (Scotland) Act 2009

The *Offences (Aggravation by Prejudice) (Scotland) Act of 2009* (Scottish Government, 2009) does offer an interesting contrast to the ASPSA. While the ASPSA is concerned with keeping adults safe and out of harm, the OAPSA focuses more on the possible criminal elements involved with an act of aggression towards a person, based on the motivation behind such an act. The OAPSA outlines the Scottish Government's views on criminal acts believed to be aggravated by a person's (real or perceived) disability,

[5] and currently represents the closest piece of legislative framework in Scotland to what is often popularly referred to as a "hate crime law. Although the term "hate crime", does not feature in the act itself, the Act has occasionally been referred to as a hate crime law in media, academic, and popular discourse. The Act states that a "single source" should be regarded as sufficient evidence to suggest that an offence has been aggravated by prejudice (Scottish Government, 2009, 1.1.4), meaning that if the victim of a crime believes the crime was motivated by prejudice, this should be recognised as valid in court should the opportunity arise.

The OAPSA makes several noteworthy additions to legislation. Within the Act, an offence is considered to be based on prejudice if at any time before, during, or after the offence in question, or if the offender shows evidence of holding resentment, malice, or ill-will towards either a person's (real or presumed) disability, towards disabled people as a collective group, or towards a particular type of disability (Scottish Government, 2009, 1.2.a, 1.2.b). This is an important part of the Act, and may have been influenced by the case of the murder of an adult with learning difficulties in Sunderland the year before its introduction, where two young men who were eventually charged with murder were both sentenced to 15 and 18 years in jail respectively, but criticism was levelled at the sentencing for not taking into account any sort of aggravated prejudice (Disability Now, 2008). Shortly before the trial, one of the accused was quoted as saying "I'm not going down for a muppet" (EHRC, 2013), an action which under the Offences (Aggravation by Prejudice) (Scotland) Act, would have required this incident to be considered as a prejudicially aggravated and motivated crime. This incident, fell within the remit of the Criminal Justice Act (2003), [6] but was not taken into consideration during sentencing.

2.1.6. Improving the lives of disabled people - Fulfilling Potential (2012)

Protecting disabled adults from disability hate crime exists in policies beyond those specifically built around adult protection, abuse, or other criminal acts. It is important to mention the UK Government's the UK Government's disability strategy *Fulfilling Potential* (DWP, 2012), makes mention of aggravated offences, as part of a more

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[5] As well as disability, the Act also introduces similar provision relating to prejudicial aggravation against transgender people.

[6] The *Criminal Justice Act (2003),* is applicable in Wales, and England, but not Scotland.

holistic discussion around the lives of disabled people. Similar to the *UN Convention*, it puts forward a view of disability that is similar to that of a Social Model approach. This actually forms a large basis of the initial discussion, which takes the view that many of the problems faced by disabled people are of the result of cultural attitudes, stereotypes and expectations of what a disabled person is, what they can and cannot do, which ultimately creates an “us and them” culture. It views the legal and cultural acceptance of the human rights of disabled people as a key step towards addressing discrimination and harassment against disabled people by attempting to raise wider knowledge of the rights, challenges, and the capabilities of disabled people. This is hoped to play a crucial role in reframing popular understandings of disability, which are seen to be more influenced by medical and tragedy model style thinking (DWP, 2012).

According to *Fulfilling Potential,* knowledge of disabled people’s rights amongst both non-disabled people and disabled people themselves is surprisingly low, particularly in relation to advocacy. The findings suggest that it is important that in times of crisis or need, having a knowledgeable, well trained person with whom a level of trust is established, can be crucial in providing ongoing support, particularly through transition periods between or across services. This may also help with the findings relating to hate crimes and abuse (the review itself uses the terms “hate crime”, “harassment”, and “bullying”). More specifically to disability hate crime, the 2012 update of *Fulfilling Potential* suggests that media portrayals have actually helped increase awareness of disability hate crime amongst the public, while it also raises the possibility of introducing new national legislature recognising “[disability] aggravated offences” in a similar vein to existing legislation relating to racially and religious aggravated offences (DWP, 2014). The 2015 update, of *Fulfilling Potential*, found that disability hate crime is rising (similar to other forms of hate crime, which have all seen an increase since *Fulfilling Potential 2012*), and that disabled people have far lower confidence in the criminal justice system than non-disabled people, with 51% of disabled people feeling that the criminal justice system was fair, compared to 70% of persons without disabilities (DWP, 2015, pp. 38-40). As of its most recent update in 2015, *Fulfilling Potential* has no explanation as to why hate crimes relating to disabled people, and other groups, continue to rise

2.1.7. Learning disability and hate crime in Scotland - The Keys to Life (2013)

In Scotland, *The Keys to Life* , the Scottish Government's 10 year strategy for people with learning disabilities, also makes mention of several issues relating to disability hate crime. It includes 52 recommendations for policy and practice in work with children and adults, including those transitioning from children's services to adult, which follows on from the earlier *The Same as You?* (Scottish Government, 2000c) review into the lives of people in Scotland with learning disabilities. It is a wide-ranging strategy, covering issues such as health, independent living, community safety, friendships and relationships and tackling discrimination. Amongst its 52 recommendations are several pertinent points relative to disability hate crime and abuses towards disabled people (specifically those with learning disabilities). For example, recommendation #33 suggests that the Scottish Consortium for Learning Disability should foster awareness of disability hate crime amongst adults with learning disabilities, and encourage adults affected to report their experiences to agencies and trusted individuals as a new strategy to keep themselves and others safe. Befriending is also highlighted in this area as a useful tool for helping combat disability hate crime and hostility, via encouraging organic and natural friendships between adults with learning disabilities and their befrienders, which will help strengthen links between service users and agencies, through the work and trust gained through having a legitimate friendship with a befriender.

Recommendation #35 suggests that more research needs to be undertaken to understand how adults and children with learning disabilities, their families, carers and immediate social networks, deal with adversity (such as abuse and hate crimes), as it recognises that while more people with learning disabilities are living independently than ever, they are still being subjected to unacceptable levels of abuse and harassment within their communities. It also advocates using "special measures" for people with learning disabilities in criminal justice settings to help them fully engage, such as providing aid to communication while giving evidence in courtroom settings, giving evidence before court, or via video links from their homes or other safe places. *The Keys to Life* is hopeful that encouraging greater involvement of learning disabled people in such settings will help quell the notion that people with learning disabilities may be unable to give reliable testimony and witness (Hayman, 2016).*The Keys to Life* is another advocate of strong multi-agency work between various services. It makes specific reference to work between social work, health, housing, the criminal justice and education systems as being key agencies to help people with learning difficulties feel safe and provide adequate support in times when they may be at risk or in danger. It also includes an interesting approach to promoting resilience amongst people with learning disabilities, which actively encourages them to develop resilience towards bullying at school, in the hopes that if effective, they will be able to carry this skill and confidence with them into adulthood, which should aid them in independent living if they chose to take this path.

While it is clear that policy and legislation regarding disability continues to progress and develop, there is still little direct work on disability-hate crime at a legislative level. However, it is important to note adults affected by disability hate crime are likely to be offered some form of support or protection from legislation such as the Adult Support and Protection (Scotland) Act, and the Offences (Aggravation by Prejudice) (Scotland) Act, although interestingly neither of these Acts directly mention disability hate crime. They do however, cover several topics which could easily be identified as disability hate crimes, (protection of adults with disabilities, disability bias motivated crimes), however, the lack of direct mention of disability hate crime in itself, raises questions as why this has not been addressed, or referred to as such. This does not necessarily demonstrate an omission on the part of policy makers, as it may be entirely possible, that given there are at least two pieces of legislation which would cover disability hate crime related incidents, along with legislation covering race (section 96, Crime and Disorder Act, 1998), religion (section 74, Criminal Justice (Scotland) Act, 2003) are both capable of covering acts of disability hate crime, under most definitions of the term. The Scottish Government’s own policy on hate crime legislation, treats hate crime related incidents as prejudicial motivations. Disability hate crimes, along with race, religious, and gender-based hate crimes then, do all seem to be well served under current Scottish law, even if they are not explicitly referred to as such. Disability hate crime therefore can be viewed as a contested concept which is not used widely either within policy or legislation. There appears to be little agreement as to what the terms means or what acts it encompasses and given the complex and comprehensive suite of policy and legislation outlined in this chapter it is questionable whether it is necessary.

From looking at the history of disability conceptually, and through recent policy, it is clear that disability itself, is far from a rigid concept. This fluidity has been reflected in policy, legislation, social theory, as well as in wider society, where the understanding of disability has evolved from a relatively rigid concept, as under the Medical Model, to a more political one, as under the social model, to a personal, highly individual theoretical framework of the social relational model.

Disability hate crime conceptually, has only emerged into discourse relatively recently, which mirrors some of the developments in policy which have occurred over the last 20 years. Policies now, are more inclusive of disabled people, and recent policy work such as the ASPSA and the OAPSA in Scotland, both cover acts which could be considered disability hate crime. Both acts aim to protect disabled people in their communities, be it from abuse, intimidation, exploitation, or discrimination, amongst others, but neither makes explicit mention of disability hate crime, and as such, disability hate crime in Scotland, remains an entirely social construct, with no legal or legislative basis. However, as the next chapters show, the real events which constitute "disability hate crimes" are very real, serious, and frequent events in the lives of many, which raises questions as to why it remains such an elusive and slippery context in legislation.

2.2 Disability Theory, Policy, and Legislation

The following is a review of existing literature available, which discusses various issues relating to disability, hate crime, and social work. To ensure clarity, and for ease of reading, this has section has been split into distinct sections, each covering specific themes emerging from the literature, although there are some levels of overlap between several related topics, as many of the issues touched upon in the following chapters, do not exist in isolation from one another. The literature reviews initially took a broad overview of disability, social work, and hate crime, to gradually improve its precision and focus. Gradually, the literature sourced, developed into three distinct areas of inquiry.

The literature review's first chapter covers the lived experiences of disabled people who themselves have been victimised by abuses or hate crimes. This chapter opens with a discussion on some of the terminological issues involving practice, and research regarding disability and hate crime, and addresses these concerns, explaining the terminology which has been selected and used throughout the study. This is followed by an outline of disability theory and history, which gives the study its theoretical underpinning in relation to disability. This chapter illustrates the changes and developments within disability history and theory, which have gradually seen it move away from medical and tragedy models, to more socially conscious and inclusive ideologies, such as the Social Model of Disability (M Oliver, 1990; UPIAS, 1976), and beyond. This chapter also explores the use of such models in the current study, and discusses the Social Relational Model of disability (C. Thomas, 1999), which was ultimately chosen of the model of disability believed to be most suitable for the aims of the study, mostly as a result of its person centred approach to disability. This also illustrates the definition of “disability” used throughout the rest of the study. This is followed by a review of current policies, and guidelines from both British and Scottish governments concerning disabled adults, hate crimes, and social work practice in the area, such as the Offences Motivated by Prejudice (Scotland) Act, the legislation most comparable to hate crime laws currently in effect in Scotland (Scottish Government, 2009). Attention is then given to the body of literature available on social workers and social worker practice regarding the abuse of and care disabled people. The concept of vulnerability is also explored in the context of social work, disabled people, and what this may mean for disability hate crime.

The findings of the literature review helped refine the research questions (which are available on page 106) and helped give the study a sharper focus. One of the main findings of the literature review is that research into disability hate crimes, remains relatively limited, and disparate, although it is starting to gain traction. It became apparent across the course of the literature review, that the voices of disabled people themselves who have experienced abuses and hate crimes are underrepresented, despite the estimated level of incidents believed to be high (I Am Me, 2015), whilst research specifically referring to disability hate crime and social work, remains sparse. Related research also has tended to place a priori on professionals involved in care and support provision, and as such, a large amount of this literature review has attempted to explore the experience and histories of disability hate crime specifically from the point of view of disabled people themselves.

2.2.1. Terminological Issues: Uses and misuses of “hate crime,” and other issues regarding terminology

Despite being a superficially simple and straightforward concept, the multitude of terms in use to describe events which could be synonymous with disability hate crime presents a challenge for researchers, services, and disabled people themselves. Over the course of this PhD, I have found myself using different terminology at different times to refer to what are by and large, similar incidents of abuses against disabled people. On the surface, use of the term “hate crime” appears to be a fitting term to describe the various negative experiences disabled people are frequently subjected to by others. I now believe that the term itself, while useful, is ultimately open to misuse, used too haphazardly and runs the risk of fudging the issue. There are several terms in use to describe such acts; hate crime, abuse, violence, aggression etc. It is not uncommon for differing terms to be used interchangeably with one another in discourses, despite each term embodying a relatively unique meaning. As such, there is a tension and confusion around which terms are useful for varying incidents, although yet, there does not seem to be a large amount of debate in disability scholarship between the use of different terms.

Beyond disability, “hate crime” itself is a highly debated term, and while it is a recognisable term in public life and media reporting, it has no concrete definition in UK law, and is far from universally accepted (Iganski, 2002). As a concept, “hate crime” began to appear in the UK lexicon during the 1980s, with its major catalyst seen to be the racially motivated murder of teenager Stephen Lawrence in 1993 (McLaughlin, 2002). “Hate crime” related legislation and discussion in the UK has been influenced by the longer history of work in the United States, much of which has followed on from the civil rights movement, which initially focused on race, but has since extended to cover sexuality, religion, gender and latterly, disability (Jenness, 2001). The UK has followed a similar trend over its shorter history, with a more developed discourse around racially motivated “hate crimes” existent than other forms (Quarmby, 2011), although Scotland has a long history of work on sectarian issues, many of which may be comparable with the varying definitions of “hate crime” (Raab & Holligan, 2011). Statistically, racially motivated “hate crime” is the most common form of “hate crime” in England and Wales (Home Office, ONS, & Ministry of Justice, 2013), as well as Scotland (COPFS, 2013b).

In the UK, similar to in the US, work and legislation specifically relating to disability "hate crimes", has lagged behind those regarding race, religion, gender and sexuality (Roulstone & Sadique, 2013), although it is a popular term amongst disability activists. While both England and Scotland do collect statistics on hate crime (COPFS, 2013b; Home Office et al., 2013), "hate crime" has no legal definition in any UK legislation. The long history of sectarian problems in Scotland have resulted in various laws covering offences motivated by racial or religious prejudices, but no specific law has ever made use of the term "hate crime". Instead, current legislation, which does cover disability, utilities the terminology of "malice" and "ill-will" to refer to offences based around prejudice (Scottish Government, 2009, 2010). England and Wales have similar legislation, which again, does not feature the term "hate crime", and uses similarly broad language about "offences", "motivated by prejudice" (UK Government, 2003). Nevertheless, despite there being no legal definition of "hate crime", it does feature prominently in policies and guidance relating to such offences deemed to be motivated by prejudice (N. Baker & Green, 2014; COPFS, 2013a; CPS, 2007, 2010)

Having no legal definition makes "hate crime" a problematic concept both to reify, and to study. It is a slippery and elusive term, one which is hard to use effectively, as by definition, it insinuates a crime. However, hating someone is not a criminal offence in and of itself, but if the motivating factor behind a criminal act is seen to be a form of prejudice, then it would fall under the remit of the current legislation on motivated offences in both Scotland, and England and Wales (Scottish Government, 2009, 2010; UK Government, 2003). This confusion as to what exactly a "hate crime" is, may be a factor in why underreporting is seen to be such a common issue (Roulstone, Thomas, & Balderston, 2011; Tarling & Morris, 2010), as definitions may be highly individual and specific across individuals, professionals and local agencies, with different criteria in effect in different arenas (Roulstone & Sadique, 2013). Creating a clear-cut definition of "hate crime" is also a challenge, potentially allowing for ideological cherry picking amongst law-makers, who may deem one act, or social group, worthy of protection under the law, but not another. If explicitly clear definitions about what is and what is not hateful language were to be introduced, there is a risk of allowing such a decision making process to become an implicitly political and ideological exercise, blurring the lines between free-speech and state sponsored censorship, where one group may find themselves highly protected in the law, where another may find themselves open to abuse, harassment, or even something as simple as criticism, a process Melanie Phillips argued “borders on the Orwellian” (Phillips, 2002), although this is a controversial, and possibly alarmist position to take on the issue.

Disability rights advocates, academics, and disabled people’s organisations are some of the biggest advocates of the use of the term disability hate crime to describe acts of aggression and malice directed at disabled people. A common association of hate crime is one of acts of extreme violence, excessive brutality or multiple, targeted offences (McDevitt, 1993). Despite this association, there are calls for disability hate crime to be utilised more frequently. Katherine Quarmby’s *Scapegoat* (2011), uses the term almost exclusively. Her reasoning is fully accepting of the more common associations of extreme offences, and race and religiously motivations, but argues that disability hate crime is distinct from other, more recognisable forms of “hate crime”, and as such has room to pursue a unique, disability focused agenda. Her position is underpinned by three arguments. Firstly, disabled people are targeted differently to those targeted because of the colour of their skin or religious beliefs, such as being regularly targeted with low-level abuses, such as name calling, or discriminate behaviour from other members of the public. Secondly, their experiences tend to be treated with less severity within the criminal justice system. Their testimonies of malicious acts are not always believed by police, other agencies or the media, perhaps illustrating an uncomfortable truth that disabled people can be targeted because of their disability. Thirdly, she argues that the well documented case of the frequent low level abuses common in the lives of disabled people (DRC, 2004; K. Higgins, 2006; Mencap, 2007; Quarmby & Scott, 2008; Sheikh, Pralat, Reed, & Chih Hoong, 2010), are not experienced by other groups associated with “hate crime”, and these low level incidents may be allowed to develop into higher level offences if left unchallenged (Quarmby, 2011, pp. 110-113). Acknowledging low-level offences, such as name calling, (an offence of which may be difficult to gain a conviction for), as part of the concept of a disability hate crime, and acknowledging low (as well as high) level offences as “hate crimes” will help challenge all levels of incidence, the hope being that if disabled people are made to feel, believe and trust that their everyday experiences of harassment and abuse are not normal, they will be more likely to report them and discuss them publicly, raising awareness, contributing to statistical information, and ultimately putting pressure on policy makers to act upon their behalf

(Quarmby, 2011, pp. 112-114). Care must be exercised when using this approach, as existing "hate crime" related legislations which protect entire groups of people assume a level of commonality amongst the group, which may be difficult to properly extend to disability, given the wide umbrella of impairments and impairment effects "disability" itself can refer to, although Mason argues that this thread of commonality can help challenge the notion of victims being "deserving victims" (Mason, 2014), so it should not be immediately discounted. Garland (J. Garland), also suggests that as definitions of hate crime require categorisations and groups, it can be hard to get to the bottom of the issue due to the homogenisation required in categorising groups of individuals into collective units. The alternative Garland suggests, is that instead of focusing on categories of hate crime victims, we should aim to assess circumstances and risks of individuals themselves, in the hope of capturing individual circumstances, as well as more commonalities across groups (Garland, 2012).

Defining disability hate crime for use in the study has proved challenging. Finding consistent definitions in literature proved more difficult than initially anticipated, and the range of definitions found to be in use across different services and sample groups during data collection eventually turned into a significant finding, However, the study has most closely been following the definition used by the Crown Prosecution Service, which is summarised as;

- *Actions of hostility that create fear and humiliation, which can be described as*
    - *Spite, antagonism, aggression, ill-will, prejudice, and confrontation*
- *These actions can include*
    - *Threats, physical harm, damaging property, harassment/bullying,*
- *And are actions committed because of hostility based on*
    - *Sexuality, nationality, ethnicity, religion, gender identity, race, and disability (CPS, 2016).*

This definition offered scope for the study to have an open attitude to disability hate crime conceptually, whereby using this definition, it is possible to include analysis of a multitude of different acts, events, and levels of hostility to paint a picture of what disability hate crime is, and how generalised these definitions can be across different groups The CPS definition also includes another important distinction used throughout this study, where disability (among other) hate crimes can be based on the perception of a protected characteristic, meaning, for instance, that if an aggressor believes someone to be disabled and commits an act of hostility against them based on this belief, the disabled status of the victim is irrelevant, as the action was instigated by a perception and belief from the aggressor (CPS, 2016).This aspect of the definition, while useful, must be utilised carefully to avoid potential victim blaming, instead emphasising the focus on the aggressor and their actions, rather than explaining them in a way that takes blame away from the aggressors themselves.

While disability hate crime offers a more explicit label link to events relating to disability, the terms “abuse” and “violence” both appear frequently in related literature. Both terms are commonly used to describe various forms of aggression and malevolence against disabled people, although “abuse”, is commonly used to describe acts against older people (Teaster & Anetzberger, 2010), children (Firth, 2009), and violence tends to be directed at disabled adults (Saxton, 2009). “Violence” seems to be the preferred term when discussing comparable offences towards non-disabled adults (D. G. Dutton, 2006; Hollomotz, 2013a). Confusions such as this are worrying, as there are certainly overlaps between forms of violence and abuse between different groups of people, yet a terminological distinction is evident, without an apparent working definition for each term. The confusion in terminology makes translating policy difficult, a recent study of disability hate crime in Sweden found that the understanding of disability hate crime in public discourse is often different to how it is represented in policy, which may ultimately lead to further confusion, and may impede research and adoption of the term (Andersson, Mellgren, & Ivert, 2018).

The term “violence” is also somewhat political, and is said to be reflection of a social construction of some form of malevolence or another, and as such is open to change across time and place (Muehlenhard & Kimes, 1999). As violence is often associated with physical violence, some feminist writers have elected to choose the term “abuse” when discussing domestic abuse, arguing that it is a better descriptor of the various types of abuse involved with domestic abuse, not all of which are physical (Tapley, 2010). This is also true for disabled people, as not all the malevolent acts they receive will be acts of physical violence, but may also include acts of verbal, psychological, sexual, financial abuse amongst others. The wide breadth of acts “abuse” encompasses may be the most practical measure for discussing “disability hate crimes” and should not be seen as downplaying the severity of an incident.

2.2.2. Disability theory and history

The history of disability itself is in some respects, a history of oppression, discrimination, and abuse, and social change. Early accounts of disabled people from ancient Rome (by no means a sympathetic culture), show how people with all manner of impairments were treated as freaks, as curiosities, as items of ridicule, and even used to fight animals for the amusement of others (R. R. J. Garland, 1995). While in ancient Greece, infanticide was a common and accepted practice amongst parents who bore children deemed sickly, weak or otherwise impaired (K. Dutton, 1996). Much later, in 16th century Europe, the influential German theologian Martin Luther reflected that there was a palpable unease regarding disabled people prevalent throughout Europe at the time, by claiming that he “saw the Devil” in disabled children and called for them to be killed (Barnes, 1997, p. 18; Hafter, 1968), although this specific interpretation of his work and thought has been contested in recent years (Miles, 2001). The supernatural basis for the demonization of disabled people was not restricted to Europe, and was also widespread in various forms throughout Africa, such as the Ashanti tribes of central Ghana, who historically were known to abandon children with learning difficulties on riverbanks, with the belief that by returning these “animal-like” children to nature, they would return to what the Ashanti believed to be their own kind (Wa Munyi, 2012).

The scientific advances of the 19th and early 20th centuries, while mitigating supernatural and theological intolerances towards disabled people, brought with it eugenics, a form of Social-Darwinism which posited a taxonomy of human beings, which ranked certain races, cultures, physical and emotional traits in a hierarchy, with non-Europeans and disabled people amongst those who held lower rank (G. Jones, 1980). This pseudo-scientific approach seen disabled people subjected to enforced sterilisations and institutionalisations (Pfeiffer, 1994), and has been argued to be a major motivation behind the Nazi-led mass-murder of more than 200,000 disabled people as part of the Holocaust during World War Two (Ryan & Schuchman, 2002). Despite the atrocities suffered by disabled people throughout history, it would be wrong to view this as a universal condition (Barnes, 1997). For example, some communities in what is now modern day Benin, west Africa, believed that children born with disabilities were actually protected by supernatural forces and accepted by their communities, who believed that since they were blessed, they would bring good luck (B. A. Wright, 1960). Similarly, Ga tribes in Ghana (in contrast to the Ashanti), treated children born with learning difficulties with awe, believing them to be reincarnations of deities, which in turn led such children to be treated with kindness, gentleness, and patience (Wa Munyi, 2012).

2.2.3. The Medical Model of Disability

In the 20th century, popular perceptions of disability tended to revolve around what we now refer to as the Medical Model of disability sometimes also referred to as the "individual model" (Durrell, 2014), or "tragedy model" (Swain & French, 2000). While it has never been consciously or formally codified as a specific model of thought (Low, 2001), it has nevertheless become one of the most prevalent and recognisable understandings of disability in many contemporary cultures (Handley, 2003). Its dominance and view as a traditional approach have been attributed to its long history, its reliance on authoritative academic disciplines (such as medicine and science), its ease of explanation, and the general public's understanding of medical diagnoses (J. Smart, 2006). The Medical Model reduces the issue of disability to a corporeal focus on the nature of a person's impairment, (although this has not always been undertaken with the most sympathetic of gaze), and sees direct causal links between the body, impairment, and disability. The Medical Model has been described as a "tragedy model", in that it focuses on a personal deficit (usually represented by an impairment), one which other areas of society, such as education, science, health, and civil society, must attempt to rectify or heal so that the person or group affected can return to or experience a normal life, one free of impairment (French, 1993).

Mid-20th century functionalist sociology likened societal structures to that of the body. Using a social pathology of sorts, illness and disability was used as a metaphor for problems in society, the inference being that a healthy society has little to no deviance, just as a healthy working body will have as few problematic issues as possible (Parsons, 1951), a notion which helped reify ideas that a healthy body should be seen as a norm. This can also be seen as a reflection of industrial capitalism's desire for a healthy able bodied workforce, which developed during the 19th century (Finkelstein, 1980). Notions of deviance and problems based on the body are inherent in Medical Model thinking. It generally attributes disability to some sort of flaw, and as such, the difficulties experienced by people with impairments are the result of their deviation from “normal” expectations and functions of the body, as opposed to any lack of accommodation in their environment (Finkelstein, 1991).

On the surface, owing to its scientific and medical background, the Medical Model can be viewed as being a value-free, empirical understanding of an entirely material issue. The influential French philosopher and historian, Michel Foucault, argued against this understanding, citing the authority medical professionals now hold in society, and the power dynamics which can emerge between the practitioner and patient, which tend to place patients (and those affected by illness and impairment), as subordinate to the expert authority of medicinal science, and at the mercy of those who practice it (Foucault, 1989). However, Foucault, and others who followed his ideas, shows us that a “medical gaze” of disability should not be excused from scrutiny, nor seen as an entirely value-free, scientifically neutral process.

The influential International Classification of Impairments, Disabilities and Handicaps from the World Health Organisation (WHO, 1980), an international framework for measuring health, illness and disability was largely underpinned by the Medical Model, with a focus on the causal links between impairment and disability (e.g., that the former causes the latter) (M Oliver, 1996). Criticism of this Medical Model based approach followed in the years after its publication, and later versions of the ICIDH have moved away from this approach, and began to focus more on environmental factors, whilst differentiating between impairment and disability (WHO, 2001).

2.2.4. The Social Model of Disability

The Medical Model of disability serves as a good example of why disability hate crime should be studied. As the Medical Model was never explicitly codified by its adherents and came into being more as a common-sense view of disability, it represents a loose collective theory, which over time, became the commonplace understanding of disability prevalent in western countries across the 20th century. However, the history of the Medical Model, shows us that disability is a fluid and developing social concept. In this way, it bears some degree of similarity to disability hate crime, which is a concept still very much up for debate and discussion and is not as rigid a concept as it may appear on its surface. It is possible, that through research, theory development, and societal change, current understandings of disability hate crime may also change, similar to the way that the Medical Model has changed in light of the research and activism which followed it.

The dominance of the Medical Model began to be challenged during the 1970s, as a wave of disability scholarship and activism began to challenge and critique the Medical Model's position as the standard view of disability in western societies. The main proponent of this challenge, the Social Model of disability, emerged as a socio-political model during the 1970s, which helped give rise to a new way of looking at, and understanding disability (although the phrase "Social Model" didn't appear until the early 1980s) (Mike Oliver, Sapey, & Thomas, 2012). Developed by early disability rights activists and organisations during the 1970s, the Social Model and its advocates take a human-rights approach as one of (if not the) central tenant of understanding disability, something which they felt that medicine alone is not properly equipped to have full jurisdiction over. Rather, they believed that the best people to theorise and advocate on the lives of disabled people were not doctors, service providers, or other professionals, but were disabled people themselves, and refuted what they seen as the right of medical or other professionals to determine limits which could be imposed on an individual's life chances based on their impairments, or lack thereof (UPIAS, 1974).

One of the Social Model's key ideas is the reduction (or even the complete removal) of the role that the body plays in disability (M Oliver, 2009). For Social Modellists, an important distinction is drawn between impairment and disability. Impairments are the physical, material realities of an individual's life, such as a feature, attribute or quality within an individual which can be long or short term, the result of genetics or injury, which may affect their appearance, function of mind or body, causing them pain, fatigue, or difficulty communicating (P. Thomas, 1997). On the other hand, disability is seen purely as a concept which is removed from the body, and is instead viewed as a form of discrimination, one where "disability" is a social construct which imposes obstacles or barriers to an individual's full participation in society, be they social or economic, physical or environmental barriers, with inaccessible buildings being an oft used example (UPIAS, 1976).

These barriers influence much of the Social Model's outlook. From its outset, it has been an overtly and unashamedly political project, which often links disability to social policy and economics, with industrial capitalism seen to be one of the major historical and current contributors to the oppression of disabled people. Mike Oliver, one of the model's main architects argued that to adequately overcome disability, a drastic and large scale structural change needs to be implemented before disabled people can be considered to be fully emancipated (M Oliver, 1990). His critique of the economy (specifically, a capitalist economy) as a site of oppression extends beyond far beyond disability;

> *"Hence the economy, through both the operation of the labour market and the social organisation of work, plays a key role in producing the category disability and in determining societal responses to disabled people. Further, the oppression that disabled people face is rooted in the economic and social structures of capitalism, which themselves produce racism, sexism, homophobia, ageism, and disablism." (M Oliver, 1996, p. 33)*

Where the Medical Model tends to promote the idea of difference as deviant or abnormal, Social Modellists celebrate the difference of disability in comparison to those who are not disabled. The Social Model sees the construct of "different/abnormal" as one based on societies being unable or even unwilling to accept difference from established norms (Donoghue, 2003). In this sense, disability is more understood as a social phenomenon than an objective physical one. The Social Model advocates an approach more inclusive, rather than prescriptive approach, one which places the needs and rights of people at a much higher importance than in the Medical Model. Instead of focusing exclusively on cures for diseases or "fixes" for impairments, the Social Model opts for more acceptance of individuals and their capabilities rather than endorsing any underestimation of them based on medical diagnoses alone.

By reconceptualising how we view disability, the Social Model allows us to view disabled people in more positive lights. By moving away from the negative and tragedy elements present in Medical Model thinking, Davis (2000), argues that the Social Model allows us to broaden our understanding of disability and impairments to one which includes everyone. For example, as we are all ageing, even the fittest, healthiest, most able or culturally hegemonic, or "normal," are only temporarily able. As we age, we will all likely become impaired in one way or another (Davis, 2000). This is an important point, as under a Medical Model approach, such a thought becomes intrinsically pessimistic and deterministic, but through a Social Model lens, this allows an understanding of both disability and impairment that is not necessarily linked to an individual's current circumstances, but is rather something which we will all have to engage with at some point in our lives (Davis, 2000).

However, the Social Model is not without problems or criticism. Some adherents to Social Model ideas have been known to reduce the role of the body and physical attributes on a person's circumstances to unhelpful levels, in some cases, disregarding it entirely (Barnes, 1991, 1999; Barnes & Mercer, 1996). By omitting individual people's impairments and individual circumstances in deference to their rights and opportunities, it has opened up the model for criticisms of being too generalist, and oversimplifying disability in its conceptual approach. For example, just as people with visual impairments may experience drastically different levels of vision, not all who define or describe themselves as having a visual impairment will have identical, similar or comparable experiences. By omitting specific, individual experiences of impairments from disability conceptually in deference to collective activism, the Social Model then runs the risk of grouping impaired people together homogenously as one social group of “disabled people”. Therefore, any emancipatory projects run the risk of failing certain individuals based on their own circumstances (Light, 2010). The Social Model's focus on economics is also seen by some as a shortcoming. Viewed as a form of oppression in line with Marxist theories of capitalism, this manner of oppression is often of an unwitting nature, rather than direct discriminatory practice (Lang, 2007). Thus, by focusing on capitalism as the root cause of the problems faced by disabled people, it may miss, or undermine opportunities to address problems faced by disabled people via social means, such as the education of disability issues and experiences, something which may also help forge alliances between disabled people and their able-bodied peers, fostering consensus through education (Lang, 2007).

It is important however to remember that the Social Model was never designed as an all-encompassing solution, but rather as a starting point for later disability theory. Mike Oliver himself has stated that the Social Model has taken on a life of its own, often far removed from its original ideas and aims, the constant debate over its usefulness has taken precedence over helping and engaging with the people he originally sought to assist (M Oliver, 2013). The Social Model's focus on discrimination, on the surface makes it a good fit for exploring the issue of disability hate crime. However, as it has historically tended to treat disabled people as one uniform group, it may be difficult to understand any nuances about disability hate crime between different individuals with different impairments using this approach. For this reason, the Social Model has not been chosen as the main disability theory for this study. Instead, a study such as this, demands a model of disability which allows us to consider the complex relationships between the individual, their impairment, the social and environmental contexts they live, and the numerous intersections these different elements can have.

2.2.5. The Social Relational Model of Disability

Several other theories have developed as a result of debates around the usefulness of the social model or otherwise. One such advancement, the Social Relational Model, first identified as such by Carol Thomas (1999), is an extension of the Social Model, rather than an outright refutation of it. The Social Relational Model addresses critiques of the Social Model being too focused on structure, collective identity and experience (Shakespeare, 1994), which ignore and downplay the individual, experiential aspects of disability. Instead, the Social Relational Model concurs with the Social Model, acknowledging that while structural matters can have an effect on the lives of disabled people, it also draws heavily on feminist theory, which has successfully argued that the personal *is* political. This takes into account the personal experiences of individuals without necessarily leading to a “tragedy model”, a model Social Modellists were keen to move away from (Reeve, 2004). The influence of feminism in disability theory has also shown that just as women cannot easily be grouped together in a single category, the same can be said for disabled people. The Social Relational Model accepts that social relationships are complex, and the lived experiences of an individual can be subject to a number of different intersecting factors with different levels of interaction and influence between them, (such as class, race, gender, sexual orientation, age, wealth, nationality, etc.,) and to limit analysis and theory to something as simple as “female” or “disabled” can be overly reductionist (C. Thomas, 1999, 2004, 2007). Thomas’s own definition of disability in the Social Relational Model outlines the importance of the links between structure and the personal experience of the individual;

> *"Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing" (C. Thomas, 1999, p. 60)*

The Social Model may be more useful at a macro-sociological level for its broad critiques of capitalism and large-scale social issues. Although Thomas herself agrees that capitalism can be considered a root cause for many issues facing disabled people (C. Thomas, 2004), the Social Relational Model may be of more use to those undertaking a more micro-sociological approach. This also allows the body and impairments to feature in the model more-so than in the confines of the Social Model. For Social Relationists, the body can be separated from disability, but not the theoretical enquiry around it, and therefore must be considered. Thomas argues that impairments can, and do, have direct and restricting influences on people's lives as social actors, with restrictions judged against the given norms of their particular society (C. Thomas, 2004).

The Social Relational Model incorporates the important concept of psycho-emotional disablism, a concept within which disability becomes reified and reinforced in the mind and immediate reality of a disabled person via their interactions with other people, with a specific focus on the possible negative effects these may have on their psycho-emotional wellbeing. In contrast to the Social Model, psycho-emotional disablism allows personal and experiential dimensions of disability to be taken into account, whilst avoiding having them reduced or mistaken as "psychological angst" or "personal troubles" (C. Thomas, 2004). Psycho-emotional disablism posits that family members, friends and professionals can all be responsible for oppression, even inadvertently if they are well intentioned. The psycho-emotional barriers differ from person to person, and thus are not easily generalised. However, this allows flexibility for researchers exploring the lives of many disabled people with a range of impairments. By assigning a label such as psycho-emotional disablism, sociological analysis of individual problems faced by disabled people can be undertaken, without resorting to a medical or tragedy model style approach, something which was believed to be common amongst psychologists amongst other professionals (Reeve, 2012, p. 78; C. Thomas, 1999, p. 74). Psycho emotional-disablism, instead, acknowledges that within the sphere of disability, oppression and/or disablism in whichever form it may manifest itself, is *both* an individual, and a structural phenomenon, one which cannot solely be attributed to either the individual or personal, nor the structural (Reeve, 2012).

Within the Social Relational model, the concept of psycho-emotional disablism helps show that even well intentioned and useful efforts implemented in the hope of improving the lives of disabled people can often still contribute to forms disablism and have a subsequent effect on a person's wellbeing. For example, environmental factors, such as being unable to access buildings, can help contribute to psycho-emotional disablism by reminding disabled people that they are different, and possibly attracting unwelcome or unwanted attention in public spaces. Therefore, by not enabling disabled people fully able to participate in social life, with such ongoing possibilities of rejection and day to day difficulties in public life, are passive contributors to an internal disablism endured by individuals affected (Reeve, 2004). This is an important element of Psycho Emotional Disablism, as it highlights, that few, if any, environments are specifically designed to challenge, oppress, discriminate, or exclude disabled people. However, there are still aspects of participating in everyday life which present difficulty and result in distress for disabled people. Even when measures may be taken with the best of intentions to improve access, such as installing ramps or modifying architecture, they can reify the idea of disability as "difference" and continue to have a negative impact internally.

Interaction in social life, represents a major contributor to psycho-emotional disablism. Even superficially positive, well intentioned interactions have been said to have negative effects on the individual;

> *One need not look beyond the charity and volunteer cultures surrounding disability to apprehend weighty evidence of this. Surely, when one is positioned as someone who, unlike one's co-citizens, is not provided with essential social services by state organs but via the altruism of volunteers the clear messages are that: (1) one does not carry the same, heretofore universal, entitlements as one's fellow citizens; (2) consequently, one owes gratitude and appreciation to those in one's service (Watermeyer & Swartz, 2008, p. 608).*

Disabled people in western societies can be subject to myths, stereotypes and prejudices, both positive and negative, held by a dominant group of an able bodied public, which can be embodied passively, even subconsciously (Reeve, 2004), and subsequently reflect a value on the person affected. Visually, bodies and impairment can also play an important role in contributing to psycho-emotional disablism, and as such, must reject the Social Model's lack of consideration to the body. People who have invisible impairments, such as mental health issues, may find it easier to blend into public spaces visually, where those with more visible impairments (such as wheelchair users) can often immediately and passively convey a silent message of disability to others. However, the Social Relational Model recognises that being "outed" or labelled as a disabled person is not always emancipatory or welcomed by all individuals (as is often hoped by the Social Model). An individual's identity, as a disabled, impaired person or otherwise can be a highly personal matter, and one not suited to the overarching categorisation to be found in the Social Model.

Language, therefore, also plays an important part. Drawing upon interactionist and labelling theories of both Becker (1963) and Goffman (1959, 1963), the Social Relational Model opens up discourse as to how individuals, and those they interact with, engage with each other to contribute to their own identification and understanding of life as a disabled (or non-disabled) person. Reeve (2004) suggests that this is useful, as, for example, it is difficult both socially and medically to simply categorise deaf people with people with spinal-cord injuries both simply as "disabled people", meaning a unifying one-size-fits all term and theory is not always useful, as different personal, structural barriers will affect people with different impairments individually. Impairments may also come in and out of people's lives at different times, meaning that a more reflexive and individual approach such as the Social Relational Model, may be possible to address some of the criticisms of the Social Model in research and discourse.

2.2.6. Disability and identity

Disability as a category, a label, and as an element of identity has come under increasing focus and attention in the years following the emergence of early disability theory in the 1970s and 1980s. From its early, historic, and rigid definitions under the Medical Model, it has become an ever increasingly fluid concept, as both disability activism, and scholarship continue to grow (Grue, 2016). The idea of disability as an element of identity (much like the wider concept of disability itself), is difficult to distil down to a singular definition. Traditionally, disabled identities in western societies were viewed as what Goffman described as “spoiled identities”, a term he used to describe identities which are believed to cause a person a level of stigma (Goffman, 1963). Goffman’s understanding of stigma in such a context is useful, as it places the “spoiled identity” within its own context, the identity in question being dependent on place, culture, and time, all of which, can change, bend, break, or be reinforced over the passing of time, or across differing cultures. This is important to note, as the identity of disabled people *as* disabled people has changed over time and is still changing. How a person self-identifies in relation to their disability (or not) may now be more relevant than ever, as identity is becoming an increasingly a fluid concept, one which people are becoming increasingly able to control themselves. In the case of disabled people, their identification as (or not as) a disabled person, may have different implications based on an individual’s own beliefs around how identifying as a disabled person, may possible empower and liberate them, or conversely, stigmatise and embarrass them (Reeve, 2002).

It is important to note, that this is a collaborative process to some extent, as neither disabled people themselves, nor wider society hold exclusive power to influence each other. Society can, and has, been influenced by disabled people, disability scholarship and activism, whilst disabled people themselves have been influenced by the society they live in. This is to say, that as society, and its views of disabled people can change, so to, can the way disabled people see themselves (Darling, 2013). For some, including some Social Model scholars, a disabled identity should not only not carry a stigma. Rather, it should be held aloft as a matter of pride, which in turn, can be used as a vehicle for empowerment, emancipation, and the eradication of stigma and disability-based discrimination in society (Barnes, 1999; Lawson, 2001; Wiersma, 2016). For this, it requires disabled people themselves to be the motors of change, and as such, demands them to “out” themselves as disabled publicly and without shame. In practice, this does not appear to be universally possible, nor even universally desired. Not all those who may be described as “disabled people” wish to be viewed as such. Traditionally, this may have been borne out of stigma, but there is also increasing evidence showing that pockets of disabled people are rejecting the term outright for various reasons which may have little to do with stigma. The most notable example of this is the current practices in the deaf community who have begun to reject disability as an identity, instead referring to themselves as a community, or even a linguistic minority of speakers of sign language, i.e., a community of individuals who are bonded together over a common language, rather than an common impairment (Breivik, 2013; M. Higgins & Lieberman, 2016). The internet, (for those who have access to it), has also been cited as a contributing factor in identity building amongst young people (Boyd, 2008, 2014). This is also true for young disabled people, who now are able to help build and construct their own identity through the internet, although the extent to which this is contributing towards or challenging disabled identity amongst young people, remains to be seen (Miller, 2017).

The rejection of disability as an identity is more than a simple rejection of a label, for it also removes those people resistant to disability identity from working alongside other disabled people, and disability services who may be equipped to assist them in times of need. This also may cause contention and resentment among those who do identify as disabled, and whom take pride in this part of their identity. There have also been similar issues in groups of people with different forms of mental health issues, and learning disabilities, where disability is downplayed, or even rejected outright as part of an individual's, or a collective's identity. This highlights that although there have been great advances in disability scholarship, research, policy and activism, it is still an issue which exists in something of a paradox, where it is championed by some, and reviled by others.

This makes the role of identity a difficult issue for outsiders and non-disabled individuals to understand. Since becoming a politicised term in the early days of the Social Model, where disability is held as a mark of pride (M Oliver, 1990; UPIAS, 1976), it has remained a complicated and sensitive issue for policy makers, service practitioners, and academics to work with. For some disabled people, who are actively fighting stigma and discrimination through their disabled identity, they must challenge the power of negative labels and stigma head-on, by re-orientating the lens which disability is viewed with into a more positive and empowering one (Reeve, 2002). The work of van Amsterdam, et al (2015), who explored disability identity amongst disabled teenagers, found that these young people are far less likely to primarily (or singularly), view themselves as disabled people, something which flies in the face of Social Model thinking. Rather, they found that young disabled people still feel stigmatised regarding their impairments and bodies, and if possible, would attempt to hide their impairments to pass themselves off as able-bodied where possible. They also found that other participants in their study similarly felt less attached to any possible identity as a disabled person, but instead viewed themselves as “normal, but different”. “Different” in this case referring to being different in the way(s) that able bodied people are all different, and not a single collective group with an essential quality tying them together, which shows an acceptance of their impairments in a positive light, while still harbouring a rejection of disabled identity, suggesting that the stigma may have more to do with the label and identity, rather than any corporeal element (van Amsterdam et al., 2015). There has also been some work by Bogart, (et. al, 2018), which shows that members of stigmatised groups (such as disabled people) may embrace their perceived stigma by identified strongly with a stigmatised identity, finding some sense of community amongst others who feel a similar stigma. However, this study found that for disabled people, pride from disability was still a rare phenomenon in a way comparable with ethnicity and race (Bogart, Lund, & Rottenstein, 2018).

Even at the early stages of this study, defining disability hate crime, and events which may be considered disability hate crimes, proved difficult. How to even talk about the issue remains a controversial and contested subject area, and arguments over terminology may be unavoidable. As disability theory, scholarship, and activism have advanced from Medical Model based understandings, to more socially inclusive models, discussions around issues facing disabled people, such as disability hate crime, also need to be reflective of these more social approaches. This is evident in discussions around disability hate crime, where discourse as to how to define, conceptualise, and operationalise the term, are all currently still open to debate.

By rejecting or embracing this part of their identity, it can have a significant influence on how much or how little a disabled person may or may not engage with the concept of disability hate crime, as well as how willing they may be to engage services for disabled people. This has a wider implication for disability hate crime conceptually, raising question as to whether the concept is a useful way to understand and respond to acts of abuse, violence, harassment, discrimination and stigmas against disabled people, if some people are rejecting their own identity as a disabled person. These are important questions for those involved with disability issues on a personal or professional level, but these must also be taken into account by policy makers, who themselves have a level of influence in defining disability and disability hate crime, whilst simultaneously being able to challenge disability hate crime on a wider level. The following chapter explores how policy, locally, nationally, and internationally, has developed to address disability hate crime, and what the current situation looks like in Scotland.

2.3 Lived Experiences, and the Culture of Disability Hate crime

The shape of abuses faced by disabled people run a broad gamut, from being recipients of childish pranks, to being considered subhuman and less worthy of life. Research in the area is not lacking, although specific research relating to disability hate crime itself is still in its infancy, and there is a strong belief that most abusive events experienced by disabled people go massively unreported from both research, support, and even police services (I Am Me, 2015). The following chapter attempts to unpack what disability hate crime looks like, how it happens, and what we might learn from previous cases to help improve both social work practice, and the lives of those affected.

2.3.1. Disability hate crime in research

Current statistics on disability related hate crimes and abuses are not comprehensive or conclusive. Existing statistics suggest that not only disabled people are at a higher risk of being victims of crime than non-disabled people, but are also far less likely to report it (Quarmby & Scott, 2008), while work by the Disability Rights Commission suggests that almost half of all disabled people have experienced hate crime because of their disability (DRC, 2004), and people with learning disabilities are at an even higher risk still (L. Jones et al., 2012). Strategies for prevention are still seen to be in their infancy within research, making evaluations about the widespread efficacy of different models of prevention difficult (Araten-Bergman, Bigby, & Ritchie, 2017)

The relative lack of statistics covering disability hate crime and related issues has not gone unnoticed by academic research, and attempts have been made to generate statistics from other sources. Emerson and Roulstone’s (Emerson & Roulstone, 2014) use of the Life Opportunities Survey (ONS, 2013), a longitudinal survey started in 2009 of 37,513 adults representative of British adults with disabilities. While this research was not specifically investigating disability hate crime and other forms of abuse, they did feature as part of the survey's wider themes of discrimination, barriers, and life chances. From the survey's available dataset, Emerson and Roulstone have found that disabled adults live with a considerably higher risk of violent crime in comparison to those with no disabilities, as high as 2.6x more likely in some cases. There is also a notably higher risk of exposure to crime and violence for individuals with learning disabilities or mental health issues compared to those with only physical impairments, while poverty was seen to further exacerbate risk and occurrences of crime and violence across all groups of disable people (Emerson & Roulstone, 2014).

Investigations into disability hate crime and related abuses are a relatively recent development, but there has been an increase in research in the past decade. An early exploration of the issue from Rioux, Crawford, Ticolli, and Bach (1997) highlights six forms of common abuse experienced by people with disabilities;

1. *Physical force and aggression*
2. *Physical actions without aggression (such as rough handling or restraint in care settings)*
3. *Sexual abuse/assault*
4. *Denial of human rights, services, opportunities and life-chances*
5. *Threatening communications, including verbal taunts and harassment*
   Neglect or lack of action to respond to harmful incidents (Rioux et al., 1997, p. 202)

It can be argued that these common types have been accurate predictions of much of the research and known instances which followed in later years, (although Rioux's lack of emotional abuse is a strange omission). Quarmby's case studies of a range of targeted victims with disabilities (Quarmby, 2011; Quarmby & Scott, 2008) show instances of abuses in each of Rioux's six forms. Perpetrators of abuses and hate crimes are generally considered to be teenagers and young men aged under-thirty; in this respect, they are similar to the majority of perpetrators of racial and religious hate crimes, (although women feature more prominently in committing disability related abuses than religious or racial abuses), and are often drawn from the same community as their victims (Quarmby & Scott, 2008; Thiara, Hague, & Mullender, 2011, p. 763). The EHRC's recent report into hate crime and disabled people (N Coleman &

Sykes, 2016) suggests that disabled adults in Scotland are at higher risk of any crime than adults without disabilities, and the worry of crime is significantly higher amongst disabled people. This report also makes the interesting point that other forms of hate crime have been decreasing overall, whilst disability hate crime has been increasing at the same time (N Coleman & Sykes, 2016).

It is difficult to fully understand why people feel compelled to commit acts of hate and violence towards disabled people. There may be some factor of historical prejudice against disabled people in effect. In 2007, Brent Martin, a young man from Sunderland with learning disabilities who had recently been released from detention under the Mental Health Act, was viciously beaten to death by three young men, all trained kick boxers, who were waiting for the bus at a bus stop alongside Martin, whilst they started to debate whether any of them could knock Martin out with one single punch or not, with the winner to be awarded a prize of £5. The three then punched, and kicked Martin, and continued to violently attack him while he was grounded, which ultimately lead to his death (Adams, 2008). While awaiting their trial, one of his assailants was reported to have been telling friends “I am not going down for a muppet,” with the insinuation that he valued Martin’s life at a far lower status of his own, and possibly one not worthy of legal action (EHRC, 2013).

The case of Brent Martin may be on the more extreme side of abuses against disabled people, but it encapsulates several important themes regarding disability abuse. Under most definitions, Brent Martin could be easily considered a vulnerable adult. In addition to his learning disabilities he experienced mental health issues, and at the time of his death, had recently returned from long term-care, and only spent three months at home with his family. It is important at this juncture to revisit that the notion of “vulnerability” is a contested issue in disability studies, and the understanding of disability abuse. To some, vulnerability is an unhelpful concept, which can diminish the rights of disabled people by helping shift the motivation behind attacks from “hate” to “opportunity”, e.g., vulnerability being the mechanism which creates an opportunity for abuse to be enacted, whilst also creating an unhelpful distinction between disability related hate crimes and other hate crimes, as we would be less keen to think of targets of racial or religious hate crimes as vulnerable populations (Roulstone & Thomas, 2009).

In this context, using vulnerability as an explanation can undermine the seriousness of a case by mitigating the malicious and prejudicial undertones readily associated with racial and religious motivated abuse. In some writing, “vulnerability”,[7] is seen as the end product of a failure in professional practice which fully accommodates the rights and opportunities of service users, which may promote the idea that disabled people are different, lesser, and therefore more worthy of contempt than a non-vulnerable individual (P. Thomas, 2011). As disabled people are not one homogenous group with identical or even similar needs and capacities, applying a generic label such as “vulnerability” can undermine the human rights of individuals if used flippantly. The interchangeability of terms “disabled” and “vulnerable” have been commonplace in mainstream media, and can create problematic confusion as to where one begins and the other ends, often lessening the perceived impact of an incident purely by the use of the language used to describe it (Quarmby & Scott, 2008, p. 34). It is debatable, and difficult to ascertain as to how important vulnerability is as a motivating factor to those on the receiving end of abuse, or indeed the role it plays. There is an underlying tone in some literature on the subject which seems to suggest that vulnerability will lead to abuse, which then implies that anyone is ultimately capable of committing acts of abuse against people who are vulnerable, which ignores the interactional dimension involved in abuse, and the personal agency of aggressors and anyone potentially capable of exploiting a vulnerability. Barbara Waxman, sees motivation and vulnerability forming a tenuous link, but one which still requires a hostile individual to bring an element of hostility, for abuse to be enacted, where by locating motivation within vulnerability is merely superficial and theoretical, as she believes that the true issue is that vulnerability simply makes it easier to carry out acts of abuse against certain individuals (Waxman, 1991).

2.3.2. Hiding in plain sight

The very notion that disabled people can be abused as a result of their disability is an uncomfortable thought for those not directly affected. For those affected by it, it is a serious and traumatic experience. Julie Smart, writing in 2001, argued that disability

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[7] Vulnerability as a concept is explored in greater detail in the next chapter, from pages on page 106 onwards.

(and disability as a basis or abuse), is so severe, that it surpasses and outranks all forms of oppression and intersectionality possible;

> *"No other racial, cultural, ethnic, linguistic, religious, political, national, sexual orientation, or gender group has experienced this degree of pervasive and generalized prejudice and discrimination, which included killing babies with disabilities, forced sterilization of PWDs [people with disabilities], institutionalisation, and mass murder." (J. F. Smart, 2001, p. 72)*

This quote, purposefully provocative, asks its reader to accept a hierarchy of oppression, which outranks all other forms of oppression, prejudice, discrimination, and victimisation. Despite the conviction of Smart's claim, disability hate crimes and abuses often remain far from public consciousness, and are infrequently viewed as a pressing social issue (Mason-Bish, 2013). The harsh reality of disability hate crimes and abuses are frequently thrust back into public consciousness (albeit, for brief periods), immediately following a particularly horrific event. The high profile, violent, and brutal murders of Raymond Atherton, Rikki Judkins, Fiona Pilkington and Christine Lakinski, all disabled adults with learning disabilities, which occurred across Britain over a single calendar year in 2007, served as harsh reminders that some of the most vulnerable people in our society can be open to attacks. As difficult and uncomfortable as this thought is, it appears to be a harsh reality that disabled people are on the receiving end of aggressive behaviours far more often than we would like to think (Shakespeare, 2010). As disability related abuse is an uncomfortable notion and often occurs out of sight from public view, motivation behind such abuse has been attributed to random acts of a small number of people, but this approach trivialises incidents unhelpfully, and ignores the wider discourses and cultural conditions at play behind abusive acts. Early life experiences, especially within school, can have a lasting effect on both the victim and perpetrator, as extreme acts are normalised, therefore making them acceptable in the eyes of both parties over time.

This is exemplified by Goodley and Runswick-Cole's (2011), illustrative accounts of disablist bullying in school environments. Acts of abuse included, bullies forcing disabled children to lick toilet seats, and disabled children being pinned to the ground and force-fed tampons. These acts were being filmed by other bullies and then later uploaded to social media, (Goodley & Runswick-Cole, 2011). Acts such as these, become a laughing matter to some within the social media sphere, therefore continuing to extinguish the seriousness of the situation, and slowly transform it into an acceptable course of action in the minds of aggressors. Filming such abuse and openly uploading it to the internet for public consumption, is a form of “happy-slapping” where violent attacks, often under the guise of pranks, are committed with little to no planning, as often they are recorded on mobile phones (King, Walpole, & Lamon, 2007). New technology now means that bullying now extends far beyond the schoolyard for young people, which means for victims, there is little escape from bullying, and public humiliation (Calvin, Bellmore, Xu, & Zhu, 2015; Pemberton, 2017). The proliferation of abusive acts being uploaded to the internet by younger bullies have been said to help normalise or excuse violent behaviour against individuals, as those (especially adolescents) committing such acts, are given the freedom to repeat similar attacks with little to no response or retribution. As such, the seriousness and impact of the offence they are committing is trivialised, if left unchallenged or unpunished.

As incidences of abuse can, and often do, go on for long periods of time, many without any disciplinary action, the severity of attacks can too increase over time (Palasinski, 2013). This normalising of abuse at such an early age can set a dangerous precedent for later life, as disabled adults are increasingly open to seemingly random acts of abuse from children and other adults. An example of this can be found in the investigation in one of the spate of high-profile disability related crimes of 2007, where Christine Lakinski, a 50-year-old woman with learning disabilities and curvature of the spine. In 2007 she fell ill as she was returning home and collapsed outside her doorway. As she lay dying, her neighbour, a 27 year old man, stumbled across her, and instead of offering help, or calling an ambulance, proceeded to urinate on her shouting “this is YouTube material” as his friends filmed the incident (Moore, 2007; Wainwright, 2007). The motivation for such an attack remains unclear. As the main offender in this case was drunk at the time of perpetration, alcohol, to some, may be understood as a causal factor, however, placing the blame on alcohol, offers and easy excuse which may supplement the notion that instances such as this, while shocking, are just the actions of a few ‘bad apples’, rather than reflective of a wider culture which fosters abuse and victimisation.

This normalisation of disabled people’s victimisation beginning in schools has been also been shown to translate into the comparable environment of the workplace, as

Fevre et al., (2013) highlighted in a study of almost 4,000 British workers across multiple sectors and roles This research illustrated that disabled adults are over 60% more likely to be humiliated, bullied or ridiculed in the place of work than those without disabilities; and, although the participants in this study felt that their disability was not the root cause of their problems, they did feel that the policies, practices, environment and culture lent itself to encouraging poor social relations between them and their co-workers (Fevre, Robinson, Lewis, & Jones, 2013).

2.3.3. Learning disabilities and abuse

Much of the existing literature on abuse and the experiences of abuse towards disabled people have focused on individuals with learning disabilities rather than those with physical impairments. As such, the existing bodies of work investigating physical impairments or learning disabilities are heavily weighted in favour of the latter. As such, very little work has been found to discuss abuses of individuals with hidden disabilities such as neurological issues, or sensory issues (although some learning disabilities could also be argued to be hidden disabilities), or mental health issues specifically (Plummer & Findley, 2012). However, the growing body of work on people with learning disabilities has shown some interesting findings in recent years. A qualitative study by Northway, et al (2013) highlighted that the understanding of abuse and forms of abuse, are a highly individualised notion to different individuals. This was highlighted by their research participants (those with learning disabilities) as they noted, the severity of different forms of abuse as subjective, as some felt rape was the worst possible abuse, whereas others argued that emotional abuse was the worst. It was likewise found that attempting to hide the impact of emotional and/or verbal abuse, by putting on a brave face, was difficult, challenging, and mentally exhausting to those involved in the study. This concealment of abuse is said to extend beyond commonplace explanations but instead suggests, that victimised individuals may resist fighting back or reporting their abuse out of fear of reprisal, along with the trauma in sharing emotional abuse with others; likewise, it has been noted that more observable forms of abuse, such as physical and sexual, elicits easier sympathetic responses than that of emotional and verbal abuse, thus decreasing the likelihood of victims reporting (Northway et al., 2013).

A study by Wilson and Scior (2015), explored the reasoning behind why people with learning disabilities may targeted, by analysing implicit attitudes of 326 UK residents, in an attempt to discover what their sample group really felt towards adults with learning disabilities. Implicit attitudes are defined as being different from *explicit* attitudes, with explicit attitudes being those which are consciously available, accessible and controllable, where implicit attitudes are evaluations said to occur automatically without effort or intention (Prestwich, Kenworthy, Wilson, & Kwan-Tat, 2008). By using a Single Target Implicit Association Test (ST-IAT), a test which measures relationships between concepts based on keywords which participants can respond to, e.g.; a keyword of “rain”, can be linked to a set of positive or pleasant keywords assigned to a keyboards left key, such as “great”, “life”, “fun” “laughter”, and “fun”, and a set of negative of unpleasant keywords, such as “death”, “disease”, “poison”, “boredom”, and “terrible”, assigned to a keyboards right key. Then participants are presented with different root keywords and sets of positives and negatives, which they are asked to respond to over a series of block tests. Their study found that people’s explicit attitudes towards people with learning disabilities were generally positive, but this was not well correlated to their implicit attitudes, which were found to be more negative, and concurrent across all demographics involved in the study, although there was seen to be a higher level of variance in attitudes of explicit attitudes based on demographics (Wilson & Scior, 2015).

It is important that all forms of abuse against people with learning disabilities, including disability hate crimes, are taken seriously. Abuse has been shown to be a contributing factor in self-harm and in the entertaining of thoughts pertaining to suicide amongst individuals with learning disabilities (Fuller-Thomson, Carroll, & Yang, 2017; Ludi et al., 2012; Merrick, Merrick, Lunsky, & Kandel, 2006). The self-destructive aspect of such research could be considered an effect of Psycho Emotional Disablism, as outlined in the Social Relational Model, as the effects of disablist based aggression, often can take an immense toll on the well-being of an affected individual. It is therefore vital that these individuals know that their concerns will be taken seriously upon disclosure, so as to prevent individuals from suffering needlessly in silence. Northway’s study likewise aimed to gain an understanding of how these research participants, and victims of abuse, felt about the punishment of their abusers. Participants highlighted a varied approach to retribution with some strongly believing that their abusers should be severely punished while others suggested a more passive approach, such as education. However, a common theme amongst this study’s participants was one of “treating others like they wished to be treated themselves”, and while this is normally a positive message, there is a worry amongst some that given the normalcy of abuse towards people with learning disabilities, an attitude of equal and fair treatment, may actually foster cultures of abuse amongst learning disabled individuals themselves. If they see being abused as a normal part of their life, they may see becoming an abuser a viable method of retaliating against abuse (Northway et al., 2013). While somewhat controversial, an argument such as this may have some credence given that some of the most commonly reported abusers of learning disabled people are other learning disabled people themselves (Cambridge, Beadle-Brown, Milne, Mansell, & Whelton, 2006; Cambridge, Beadle-Brown, Milne, Mansell, & Whelton, 2011).

2.3.4. Sexual abuse and education

Sexual and domestic abuse, has been found to be more commonplace for women with physical or learning disabilities as opposed to those without (Hague, Thiara, & Magowan, 2007). Existing research has attributed this to several factors, including an increased state of vulnerability, social isolation, a desire to fulfil a role beyond their disability (e.g., mother, wife, girlfriend), or a desire for a connection with another human being (Calderbank, 2000; Eastgate, Van Driel, Lennox, & Scheermeyer, 2011; Stromsness, 1994; Walter-Brice, Cox, Priest, & Thompson, 2012) Other researchers have also suggested that certain abusive men will actively seek out women with disabilities as romantic partners and victims prying on their vulnerabilities (Hague et al., 2007; Martin et al., 2006). A study by Pestka and Wendt (2014), investigated the role that “belonging” can play in domestic and sexual abuse, where participants identified their early relationships, especially the more negative ones, as having lasting impacts on their future relationships. Within this study, it was highlighted that having a lesser sense of belonging in childhood influences the attitudes held towards a partner in adulthood, as a sense of longing and being wanted is apparent. When combined with lower levels of self-esteem these factors can have a huge negative effect on women with disabilities (Plummer & Findley, 2012). Some women in this study were said to stay in abusive relationships of their own free will at times, rather than being oppressed or intimidated into staying put by their partners, something Pestka and Wendt have attributed to overcoming their perceived “social devaluation”. Likewise, staying with an abusive partner was thought to raise their social status with the subsequent abuse being used as a “bargaining chip”, or a price to be paid, in exchange for a normal relationship. Within this study by Pestka and Wendt (2014) are some alarming cases of abuse towards disabled women including: a woman strangled by her partner while pregnant with his child, a man abusing his girlfriend physically and financially; frequently striking her over the head with a hammer if she had more money than he did at any given time, and a man who allowed and encouraged his friend to have sex with and rape his learning disabled girlfriend and “leave her on the gutter” when finished. Such serious attacks are clearly significant cases of abuse and harm, and a far cry from a “bargaining chip” for a normal life (Calderbank, 2000; Eastgate et al., 2011; Stromsness, 1994; Walter-Brice et al., 2012) and in many cases, may be disability hate crimes.

Domestic and sexual abuse towards women are prevalent both internationally (UN, 2000-2004) and domestically (Women's Aid, 2009), however there are unique aspects to the forms of abuse experienced by women with disabilities such as: the withdrawal of support, tampering with assistive equipment such as breaking wheelchairs, removing batteries from assistive electronic equipment, withholding food or medicine, being kept indoors against their will, or being denied contact with services or the outside world (Hague et al., 2007; Hassouneh-Phillips & Curry, 2002). Research has shown that verbal threats and harassment, along with other methods of emotional abuse, are commonly found as a means to instil fear (and to reinforce the danger) of physical violence in abusive relationships, but also contribute to a normalisation, acceptance, and even a separation of abuse and the abuser. In a study of domestic abuse by, Walter-Brice et al., 2012, a participant spoke of her endurance of abuse as a form of compromise for a normal life, but also externalised the violence from her abusive partner;

> *“I really enjoyed going out with him, just the violence got really bad, I love him to bits but the violence I hate” (Walter-Brice et al., 2012, p. 509)*

The study likewise highlights that underreporting of abuse may in part be due to the muted responses these women receive from local social services when they eventually disclosed their abuse. When women made an active choice to leave an abusive relationship, this study found that several cases of help seeking was dismissed by social workers, while other reports resulted in a ‘telling off’ to the perpetrators resulting in the abuse continuing. While family work units were said to be more active and involved in abuse disclosures, they tended to only remove children from the situation, and offered little aid to the women affected. This has several problematic outcomes. Firstly, it contributes to victims blaming themselves for their abuse, fostered by inaction on the part of authorities, resulting in victims starting to reassess the seriousness of their situation. Inaction following abuse therefore sends the message to the victim and their abuser that abuse is not serious, a very dangerous precedence to set. Secondly, inaction still leaves victims in close proximity to their abusers, and thirdly, removal of children can further isolate women, and even make them feel like failures as mothers (Walter-Brice et al., 2012). This study is critical of social services in this area, citing an example of a woman with learning disabilities who was becoming increasingly depressed as a result of an abusive partner being repeatedly told she was just suffering from a case of "baby blues". This serves as a notable example of social services pathologizing a social issue (such as domestic abuse) into a medical concern (in this case, post-natal depression), which suggests an acquiescence towards medical authority over seeking the social causes of such a victimisation (Walter-Brice et al., 2012). A 2007 report into the links between disability and domestic violence was similarly critical of social services, with inaction and patronising attitudes said to be common experiences for women seeking aid or sanctuary from abusive domestic situations (Hague et al., 2007). This is particularly crucial for women with learning disabilities, as a recent study by McCarthy, Hunt, and Milne-Skillman (2017) found that only a quarter of women with learning disabilities who had been in abusive relationships, had knowledge of women's refuges and services while they were involved in those relationships, whereas those who did have knowledge, found it next to impossible to make use of services (McCarthy, Hunt, & Milne-Skillman, 2017).

Research into abused women with physical impairments has suggested that these women are dually stigmatised on the basis of their body's deviations from prescribed societal ideals (Banks, 2010), which in turn 'allows' their perpetrator to attribute blame (Ullman, 2010). A study investigating the experiences of partner abused women with physical impairments (Rich, 2014), has suggested that women in these situations are dually stigmatised as a result of their abusers attitudes towards their body, as participants within the study demonstrated the dramatic effects the intersection of disability and gender had on their self-confidence. This is further highlighted by participants commenting that their bodies and peoples' reactions to them, left them frequently feeling like they were "unworthy of love" at numerous points in their lives, with others. This study shows that physical impairments have been used as a way of excusing violent behaviour by partners, and can be summed up by a particular research participant who states:

> *"One day he [my partner] says 'Let's see if I can make you even uglier—and he slugged me.'" (Rich, 2014, p. 5)*

This idea of "deserving" abuse links to ideas of abuse as a normal occurrence as the result of a disability. In a study by Rich, (2014), some respondents believed that their limitations of bodies served to be a major contributing factor in their abuse, arguing that if they were of "normal size and strength", the abuse they received would not have hurt them, which moves the focus of the issue away from the abusers and their intent, to that of the body of the victim. This can be a problematic issue, as it can normalise and rationalise abuse in relationships, allowing for the escalation of abuse to take place over time. Rich's study sees a strength-focused, empowering position and perspective to be taken by professionals working with women who have been abused in such a way, including building self-worth and confidence, along with fostering social lives with others in non-disabled settings as a way of helping combat this sense of creeping normalisation, as working and socialising with other women in situations in non-disabled settings allows some to feel like "one of the girls", rather than the "disabled one in the group". This approach has helped disabled victims of domestic violence in understanding that their abusive situations are not normal, nor acceptable (Rich, 2014), and also raises questions as to how a victim can see such abuse as a disability hate crime, if they can barely see it as abuse.

Sexual abuse against people with disabilities is more prevalent than amongst non-disabled people (Hollomotz, 2011). Most studies relating to disability, and sexual abuse, tend to refer to women, specifically, women with learning disabilities (Rich, 2014). Women with either physical and/or learning disabilities do appear to be at a much greater risk of sexual abuse than women without. They are two and a half times as likely to be victims of domestic abuse, including sexual assault (Brownridge, 2006), and are considered to be more vulnerable to violations of privacy, strip searches, and sexual abuses from staff and other residents if they live in a long term care facility (INWWD, 2010). Support for such women who have been victims of sexual assaults and abuses, are also said to be far less likely to seek support after events, or even be able to find support from other service (Morales, Gauthier, Edwards, & Courtois, 2016). Findley, et al (2016), have found that even disabled women in environments where levels of support available are relatively high, such as university campuses, are still far less likely to seek support following sexual abuse, whilst simultaneously being far more likely to be sexually abused in the first place (Findley, Plummer, & McMahon, 2016)

In comparison, disabled men have been somewhat overlooked in research relating to abuse in general, not just sexual abuse, and it is an area which requires more investigation. One of the existing studies of disabled men who have experienced sexual abuse, a 2011 study of over 1,600 disabled men, found that they were almost four times more likely to fall victim to sexual abuse over the course of their lives than men who were not disabled (Mitra, Mouradian, & Diamond, 2011), This statistic suggests that disability actually equalises the disparity between women's probability of sexual abuse and men's' by significantly increasing the likelihood of sexual violence and abuse (Mitra et al., 2011). Another study by Mitra, et al, found that men with disabilities who are sexually abused, are actually more likely to report such abuses than those without, although the likelihood of disabled men experiencing such sexual abuse compared to men without, remains significantly high (Mitra, Mouradian, Fox, & Pratt, 2016).

A paper by McDaniels and Fleming (McDaniels & Fleming, 2016), highlights the significant problem of the lack of sexual education, and opportunities for sexual education, amongst adults with learning disabilities. This paucity of sexual education amongst disabled people, particularly girls and women, has also been seen as a significant contributing factor to sexual abuse (Boehning, 2006). Existing research points towards a gulf between a generally high level of sexual education amongst non-disabled adults, compared to a relatively poor level of education and knowledge amongst disabled adults (Murphy & O'Callaghan, 2004). In addition, girls with learning disabilities are seen to be far less likely to receive any form of sexual education than learning disabled boys, as an underlying assumption hints to the fact that they will never have sexual relationships, date, marry or bear children, thus reducing them to asexual entities, and therefore not requiring any form of sexual education (Dotson, Stinson, & Christian, 2003; Hassouneh-Phillips & McNeff, 2005). This is a critical oversight, as it also suggests that if learning disabled women are incapable of having intimate relationships in the way others can, it also suggests that they are somehow impervious to abusive relationships or sexual assault, something which is frequently included and held as an important aspect of modern sexual education programmes (Wilkinson, Theodore, & Raczka, 2014), although, as much research illustrates, disabled women are far from impervious from sexual assault and abuse (Martin et al., 2006; Sobsey & Doe, 1991; Turk & Brown, 1993)

A 2011 study by Eastgate et al, (2011) illustrated, the case of a women with learning disabilities whose sexual education was so non-existent, the first opportunity she had to talk about sex came about after an incidence of sexual abuse; "[I first found out about sex] because I was raped" (Eastgate et al., 2011, p. 227). This is an important reminder for services and other individuals involved in the lives of people with learning disabilities, to raise awareness and educate disabled women and men, in the area of sex and sexual abuse. This is an area where support workers and other services can work with service users to fill gaps in their education around sex and relationships to help prevent such abuses when they are attempting to start relationships of their own (Eastgate et al., 2011). There has also been some level of criticism of services involved in the support of individuals with learning disabilities, who are believed to fall into more Medical Model approaches to sexual education towards adults with learning disabilities, where a more generalist, one size fits all approach to sexual education to individuals with a range of learning disabilities is utilised unilaterally. By treating adults with learning disabilities differently to those without learning disabilities, Feely has argued such an approach may actually be contributing to a culture of sexual abuses against adults with learning disabilities (Feely, 2015).

Although the most common perpetrators of sexual abuses of disabled people are believed to be trusted individuals such staff involved in care, (Kamavarapu, Ferriter, Morton, & Völlm, 2017), non-disabled strangers (Young, Nosek, Howland, Chanpong, & Rintala, 1997), and spouses and partners (Breiding & Armour, 2015), Martinello (2015) reminds us that an often overlooked aspect of the sexual abuses of disabled people, is that other disabled people themselves can also be the perpetrators of sexual abuse. This may be a result of historic and unresolved sexual abuse, particularly among people with learning disabilities, as Swango-Wilson argues that people with learning disabilities who experience sexual abuse in earlier parts of their lives, may have an abusive foundation lain for them as to what they perceive sex and sexual activity to be (Swango-Wilson, 2011). Gaps in knowledge as a result of lack of sexual education can also be dangerous, as perquisite skills and knowledge around sex commonly taught in modern sex education, such as consent, privacy, safe sex, and selecting appropriate partners may limit how a person expresses their sexuality, and may possibly become dangerous to others, as well as themselves (Swango-Wilson, 2011).

2.3.5. False friends, and “Mate Crime”

One of the most important factors in disability hate crime, is the relationship between that of the victim and the aggressor (Chih Hoong Sin, 2013; P. Thomas, 2011). Pam Thomas (2011), has introduced the term ‘mate crime’, as a means of highlighting the uncomfortable truth that abuses against disabled people are not always arbitrary acts of violence or opportunistic hostile acts committed by strangers, as is the popular perception (Mason, 2005; Roberts, Innes, Williams, Tregidga, & Gadd, 2013), but are more frequently carried out by those close to the victim, such as “friends”, individuals in whom they have trust.

Most cases of mate crime involve exploitation over periods of time, rather than isolated incidents. Grundy (2011), illustrates several cases of mate crime from “fake friends” who have befriended people with learning disabilities, with the sole purpose of exploiting them. He mentions the story of “Billy”, a man in his forties with learning disabilities, who became romantically involved with a younger, attractive woman, without learning disabilities, who quickly moved in with him, only to ask Billy if another of her friends could move in with them shortly after. Several months later, it transpired that Billy’s house had become a storeroom for over £5,000 of stolen goods accrued by Billy’s girlfriend and her friend. The friend, who (unbeknownst to Billy), had been recently released from prison, had been banned from local authority housing, and had used Billy to obtain free accommodation. After a dawn raid from the police, Billy’s girlfriend and her friend, had placed the blame for the stolen goods on Billy, using him as a scapegoat, and he was subsequently charged with handling stolen goods, although eventually the charges were dropped when it became apparent that Billy was completely unaware of what was happening, and had been exploited himself (Grundy, 2011).

Others who have been victimised by way of mate crime, have seen their homes turned into drug dens, a process sometimes referred to as “cuckooing”, (Doward, 2010), or even lured into radicalised causes which they may not fully understand. In 2008, Nicky Reilly, a man with learning disabilities was befriended and exploited by Islamic extremists, who converted him to radical Islam, and was eventually seriously injured when during a botched suicide bombing attempt in a public toilet in Exeter, a homemade nail-bomb exploded in his hands (BBC News, 2008). Friends, family, and even local police, believed that Reilly, who eventually died 2016 while in prison, was an easy target who was preyed upon and groomed by individuals who exploited his desire for friendship and belonging (Herald, 2016). Others, are befriended by those who are interested in financial abuses, stealing benefit money by only being friendly to an individual on the day they are known to receive their benefits, asking for “loans” which are never repaid, or manipulating individuals into buying food, or expensive items on shopping trips in the name of friendship (Vasey, 2017).

‘Mate crime’, highlights the sensitive role that trust can play in ensuring an individual’s safety. Disabled people are no different from the general population in desiring friendship, companionship or romance in their lives, yet many disabled people are seen to experience higher levels of social isolation and exclusion than non-disabled people (Southby, 2013). As such, Thomas believes that for disabled people who feel a sense of social exclusion, even something as simple as having a small circle of friends may actually be conducive to allow abusive situations to develop, and to subsequently be taken advantage of by individuals with ill intent. Mate-crime may also extend to carers in various capacities, such as family members or care professionals. It may be hard, if not impossible for a victim to identify abuse, or to do something about it, if they depend on the perpetrator for an important support measure, meaning any attempts to alert services of any wrong doing, may run the risk of losing a vital means of support, even if there is a considerable price (in this case, a degree of abuse) which must be paid for such support.

Mate crime can be said to sit at a complex intersection, where notions of prejudice, bias, or hate, meet vulnerability. This has been seen in research into similar cases of mate crime involving transgendered individuals by Kidd and Witten, who found that transgender individuals or those who were undergoing gender reassignment procedures were considered softer, easier targets, and less likely to fight back against aggression and exploitation (Kidd & Witten, 2008). Mate crime, furthers the idea that it is less likely to be strangers committing random acts of aggression, and exemplifies a calculated effort on the part of the aggressor to systematically exploit, and abuse an individual over time, something which has been argued to require an underlying level of prejudice towards the person, or the culture that they may belong to (Doherty, 2015b).

There is, however, some contention as to whether mate-crime is mature enough at a conceptual level to be useful. Its inherent simplicity is undermined by the nuanced natures of individual incidences. For example, it is difficult to make sweeping conclusions as to whether hate comes before friendship, where an aggressor seeks a vulnerability to exploit, or instead where a friendship develops into an exploitative and abusive relationship (Doherty, 2015a), meaning that while mate-crime serves as a useful blanket term, it still covers areas which have considerable levels of variance possible. Reports, research, and anecdotes of mate crime, much like disability hate crime itself, appear in more generalist literature about disability, vulnerability, and abuse, although the usage of the term is gaining traction slowly, and may still be useful due to the unique circumstances of known mate crimes (Andrew Landman, 2014).

There is an interesting link to be drawn between the early life experiences of disabled people and those who experience mate crime later on. Children with disabilities, particularly those with learning disabilities, are frequently targeted for bullying and other forms of victimisation during school years (Hollomotz, 2013b; C. A. Rose & Monda-Amaya, 2012), which can normalise (but not excuse) types of vindictive behaviours in social relationships, which can then set the tone for relationships in later life. This might explain why ‘mate crime’ has (until recently), gone largely undetected (D. Rose, 2013), as cases may have been dismissed as squabbles between friends, or not even brought to the attention of any outsiders due to other factors such as oppression (and or intimidation) by the assailing party, or fear from the victim at losing what they see as a vital and important part of their (social) life, where “any friend is better than no friend at all” (Rakusen, 2012).

2.3.6. Underreporting

Despite hate crime against several groups of protected characteristics (race, sex, gender, religion, ethnicity) being recognised in common, if not legal parlance, reporting of disability hate crimes has been shown to lag behind other forms of hate crime (Macdonald, Donovan, & Clayton, 2017). Fear of losing friends, support, or even receiving retribution from aggressors, may all contribute to one of the major problems with disability hate crime and abuses, specifically, that many instances simply go unreported, either to any social service or the police. Disabled people are much less likely to report instances of any crime affecting them (Nick Coleman, Sykes, & Walker, 2013), with some findings suggesting that this may be due to environmental factors, as many police stations in Britain are housed in old buildings with poor accessibility (IPSOS and Disability Rights Commission, 2007). This may be too broad a generalisation to make any use of, as many modern stations are far better equipped than old, while the police now accept reporting of disability hate crime and abuse online, through a third-party, or by dialling 999 or 101,[8] in addition to making a report in person.[9] In addition to accessibility, the severity of an abuse or crime in question is still often regarded as the defining influence on whether an individual will report a crime (Tarling & Morris, 2010). The 2008 report *Getting Away with Murder* also reports that some disabled people show reluctance to engage with the police due to previous experiences with them, where they were asked invasive, personal and intimate questions by police officers, where others reporting that the police staff they were working with made too many assumptions about their impairments, most of which wrong, which interfered with their ability to properly report crimes effectively (Quarmby & Scott, 2008).

A study of disability hate crime related incidences towards disabled people in the north west of England by MacDonald (2015), showed that individuals with learning disabilities were more than twice as likely to suffer, and then report, instances of abuse and hate crime than those with only physical impairments. The study also showed that of these incidents reported, the majority were verbal in nature, with only a third constituting forms of violent physical crime. MacDonald also has illustrated that barriers to reporting, and victim support, also deter reporting, with police found to be less likely to investigate criminal incidences when the victim has a learning

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[8] 101 is the non-emergency number to contact the police.

[9] Police Scotland currently have a webpage set up specifically for reporting hate crimes: http://www.scotland.police.uk/contact-us/hate crime-third-party-reporting/

disability, whilst cases involving people with physical impairments, were much more likely to be reported, with numbers similar to statistics of non-disabled victims (MacDonald, 2015).

Reports of abuses experienced by people with learning disabilities have also been problematized by social services, the police, and elements of the judicial system viewing them as unreliable witnesses. For example, in 2007, a woman in Scotland with learning disabilities (referred to as “Miss A”), was admitted to hospital after being physically and sexually assaulted. Upon further investigation, it became clear that Miss A had actually been raped and physically abused repeatedly by numerous attackers over a period thought to be as much as seven years. The subsequent investigation concluded that while issues had arisen in social work and health records during this time, there seemed to be little awareness of the severity of her situation. Despite the investigation, none of her attackers were charged, due to her learning disabilities rendering Miss A as an “unreliable witness” (Mental Welfare Commission, 2008). Another case study into residential homes for individuals with learning disabilities showed that cases of sexual abuse and assault were believed to be more common than reporting suggests, but as most of the victims were deemed to be unreliable at some part of the reporting process, very few cases were ever actually brought to light (Calderbank, 2000). This may be a more common occurrence rather than a series of isolated incidents, as 42 disability abuse/hate crime cases in England never made it to court over a 12-month period in 2007/08 due the victim being classed as an unreliable witness (Quarmby & Scott, 2008, p. 13).

In Scotland, third party reporting has been introduced as a means of encouraging victims of hate crimes to come forward to trusted and familiar places to report their experiences, as opposed to going directly to the police, or local social services (although it is important to note that these remain options). Third party reporting centres range from housing associations, voluntary groups, social service offices, and even shopping centres and leisure centres. Third party centres will then report on behalf of individuals to the relevant local authorities, in the hope of circumventing the stigma, and/or fear that victims may feel by reporting directly. Hope around third party reporting as a useful tool in adult protection and helping contribute to statistics to influence policy remains high (Schweppe, Haynes, & MacIntosh, 2018), however the effectiveness of third party reporting in practice remains up for debate. Similar practices in Ireland have yielded low differences in reporting levels (Carr, 2017), and studies in the north of England have similarly found relatively low adoption rates in terms of both reporting, and usage (Clayton, Donovan, & Macdonald, 2016).

2.3.7. The community, the individual, and local services

If the witness of a person with learning disabilities is considered to be unreliable, this contradicts and challenges their right to fully participate in life in the same way as others do. Social workers and other agencies involved with adults with learning disabilities and/or other forms of impairment often are presented with the difficult challenge of providing adequate levels of service and protection, whilst finding an acceptable middle ground between being too protective and paternalistic, or on the other hand, too laissez-faire in their approach (Bell, Osborne, & Gregg, 2005), as discussed in the previous chapter. Assuming that those with learning disabilities are unreliable witnesses represents a grave underestimation of the personal agency of victims (or even potential victims). Andrea Hollomotz's 2011 study of adults with learning disabilities whom were attempting to initiate their own safeguarding practices, again emphasised that people with learning disabilities are a diverse group of individuals, with many of the individuals in this study being able to easily identify potentially risky scenarios presented to them (Hollomotz, 2011). Participants in this study were also able to give several examples of mitigating risk in their lives, such as bringing a trusted friend or family along to a new social situation or asking people they trusted for a second opinion on invitations to socialise they had received from strangers.

Supporting service users to identify risk themselves helps both empower them and helps service providers to fulfil their responsibility to ensure the protection of people under their care, while still avoiding an overly paternalistic approach. Hollomotz (2011) also stresses that by removing risk entirely, we may actually be contributing to a disabling process. Giving the example of new romantic relationships, she suggests that we all must manage some level of risk, be it emotional or physical in starting a new relationship. This is what can be described as a "positive risk" (DoH, 2009b), where the level of risk can be relatively low, and offset by a potentially rewarding outcome. In turn, this allows service users to experience the good and bad parts of life in a way that we all can expect to, and can be enacted by ensuring a reliable support network is in place to help support service users decisions, and offer them a safe recourse if they choose to make another decision or to remove themselves from the situation if they feel that they need to (Hollomotz, 2011).

Whilst also helping foster independence and decision making, creating an effective support network can also help contribute towards responding towards instances of abuse. In addition to friends and family, professional agencies also have their role to play, more so for individuals with limited support in their personal lives. Service users often may be involved with more than one agency at a time in various capacities, so expecting single agencies to take full responsibility in handling a case in isolation to one another when handling a case of abuse could be considered more ineffective, than when they work together. These multi-agency responses are frequently highlighted as the most effective means of handling disability related cases of abuse (DoH, 2000; Fitzgerald, 2008; Quarmby & Scott, 2008; Chih Hoong Sin, Hedges, Cook, Mguni, & Comber, 2011), as discussed in some depth in the previous chapter. By working together, services can bring their respective expertise and resources together and work with service users to ensure their safety and well-being at all points during a response, from initial incident reporting, providing support and assistance during investigations, while ensuring the individual affected is safe and out of danger. In an ideal world, all services and service users would be able to work together collaboratively and effectively to produce positive outcomes for all involved. However, this appears to be a difficult goal to achieve. Many of the higher profile and extreme cases of abuses against disabled people in recent years are fraught with examples of multiple agencies working in isolation from one other, often times collating similar data on individuals case histories. Due to a lack of cross-agency communication, minor incidents have been allowed to develop into major acts of violence with little to no intervention from the appropriate authorities, be they police, health, or social work (Birrel, 2013; Gravell, 2012; Quarmby, 2011; Quarmby & Scott, 2008; Sheikh et al., 2010).

As increasing numbers of disabled people in Britain have moved out of exclusionary services which tried to remove and “protect” them from society, into their local communities as part of the process of deinstitutionalisation (Michael Oliver & Barnes, 1998), there is a need for communities, particularly families and friends, to be aware of the risks disabled people may face, and for services themselves also, to be aware that some of the biggest sites of danger for a disabled person may not come in the shape of an unknown stranger, but rather, the immediate social circle and support network of a disabled person. Those who are close to a disabled person who has a particular need for immediate support from those around them, may find their position compromised, if those entrusted to care for and support them, abuse this power for exploitative or malevolent reasons. The frequent perception of an aggressor of disability hate crimes, has traditionally been represented as a stranger, an unknown individual with predatory, and/or prejudicial motives lurking in the shadows of the community, (Mason, 2005; Roberts et al., 2013). This has not been the case in terms of disabled people, who more often than not, are said to be personally connected to those who commit more serious offences against them (Healy, 2015). This can make overcoming a situation for a victimised disabled person extremely difficult. Fear, particularly of reprisal, can be fostered by the aggressor, which can subjugate those being abused into submission and acceptance (Dunne, 2009; Noelle, 2009). This has also been cited as a reason as to why reporting of disability hate crimes has historically been low, as fear is possible to override opportunities to report and ask for help when available, creating an environment where abuse can continue unchallenged over great periods of time (Thorneycroft & Asquith, 2015).

A supportive community, can not only help aid individuals and services in adult protection, but can also help improve research quality involving disabled people if proper care is taken to ensure that the voices and testimonies of disabled people themselves are not skewed or obfuscated by those in the community (Cummins & Kim, 2015).

2.3.8. Disability hate crime in words, culture, and media

There is considerable contention around how to even talk about disability abuses and how to frame related discourses in disability studies, with a surprising amount of tension over the use of “abuse” as opposed to “hate crime”. Terminology in this area can be broad, and carry several differing insinuations behind each specific term, so the use of one term over another can be contested amongst scholars and activists alike. “Hate crime”, for instance, carries with it an insinuation of hate or other prejudice as the motivation for abuse, but this is not always necessarily the case. The commonly accepted definition of abuse in local authority services and third-party reporting centres follows the Crown Prosecution Service’s definition of being;

> *"Any incident which is perceived to be based upon prejudice towards or hatred of the victim because of their disability or so perceived by the victim or any other person" (CPS, 2007)*

It may be fair to assume agencies in Scotland may pay more adherence to the Offences (Aggravation by Prejudice) (Scotland) Act 2009), which has a similar emphasis on motivation by prejudice influencing an attack (Scottish Government, 2009). This is an important fact to note, as much of the statistical information currently available which specifically covers disability related hate crime is produced by third-party agencies/reporting centres (Roulstone et al., 2011). The EHRC makes a specific and conscious choice to use terms like "motivated " and "targeted" crime, as opposed to "hate crime", believing that by removing "hate", will allow scope for lower level crimes and malicious acts to be taken seriously by agencies, individuals and where necessary, the legal system (C H Sin, Hedges, Cook, Mguni, & Comber, 2009).

Indeed, using emotive language, such as "hate" (paired with "crime" or not), is a very strong term to use in this context. While it can convey the emotion and outrage felt by victims targeted as a result of their disability, it may provide too high a legal threshold to allow more minor offences to be pursued in the criminal justice system, as "prejudice", "malice" and "ill-will" (as opposed to "hate"), feature in related criminal legislation in Scotland. There is also some contention around the use of "abuse", which traditionally has been linked more with social care. Jon Sparkes, the former chief executive of Scope, VOICE UK, Respond, and the Ann Craft trust have all criticised use of the term "abuse" as opposed to "crime" (Quarmby & Scott, 2008, p. 37), arguing that "abuse" downplays the severity of incidents, although this is perhaps an oversimplification, as it would be hard to argue that most forms of abuse prevalent in the lives of disabled people (e.g., financial, sexual, physical, emotional, verbal) can also surely be considered to be crimes, and therefore creating a distinction between the two may place more importance on the label than the event. The debate surrounding the use of specific terms and lack of a universally agreed set of terms should not distract from the pursuit of justice and safety for those affected, as arguments over terminology are up for debate in terms of their usefulness, particularly to those directly affected. A disabled people's organisation with a history of working with abuse and hate crime in north-west England made this comment on the terminology debate;

> *“Although we have not agreed our own formal definition of disability hate crime, we recognise it takes many forms, from name calling to murder. For many disabled people it makes no difference if our attackers think we are abominations who are unworthy of life, think that killing us is an act of kindness, or simply think they will get away with it because we are disabled people. The motives maybe different but the fear is the same and the reason seems to be the same, we are different.” (Roulstone & Thomas, 2009, p. 28)*

Disabled victims of (hate) crime and abuse may however reject being seen as victims, as being a victim can be linked to a tragedy view of disability where a disability is a tragedy which falls upon an individual, and any related abuse motivated by a disability insinuates a further layer of tragedy upon an individual, something many disabled people may understandably feel resentment and scepticism towards (Madriaga & Mallett, 2010).

Stefánsdóttir and Traustadóttir’s (2015) case study of several women with learning disabilities found that there was a frequent and vehement rejection of victim identity, which they seen as an extension of the negative association society had impinged on them as people with learning disabilities. Rather, instead of seeing themselves as victims, they preferred to view themselves as survivors (Stefánsdóttir & Traustadóttir, 2015), something which has also been increasingly happening in communities of abused women and older people, amongst others (Clarke, Williams, & Wydall, 2016; J. L. Dunn, 2005) . In this respect, labelling and language *can* be argued to hold considerable power and weight. In a Social Relational Model, the use of terms takes on additional significance if they are seen to contribute to psycho-emotional disablism in the eyes of the person affected. Some research has made note of the interesting intersection language and terminology embody between abuses against LGBT individuals with an HIV/AIDS context and disabled people.

While LGBT abuses and disability abuses may come under much of the same legislation regarding abuse and hate crime, individuals with HIV/AIDS have tended to reject being labelled or even associated as “disabled (victims)”, despite there being some theoretical crossover between HIV/AIDS and disability, although this may also be due to some historical tension between both groups position in relation each other (Groce et al., 2013). The apparent tension between HIV/AIDS motivated hate crimes and disability may also be reflective of victims’ reluctance to being viewed in a tragedy model context, in a way more commonly associated with disabled people. This is a good example of the ways in which disabled people can be affected by unhelpful associations with wider constructions of vulnerability, something which they are often keen to avoid. The link between vulnerability and disability has been entrenched in public discourses by mainstream media's tendency to use both terms interchangeably, creating a link between the two terms, and a level of confusion as to where one begins and another ends (Quarmby & Scott, 2008, p. 34). This association may seem superficial, but it has been argued that it reinforces the social construction of a culture where disabled victims of crime (and abuses motivated by their impairments), receive less access to legal protection and human rights than non-disabled people (Perry, 2008).

The media has its own role in disability hate crime, one which could be argued to be encouraging a culture where disability hate crimes are less serious than other forms of prejudicial attack. Happer and Philo's 2013 paper suggests that when people who do not have a direct experience of something, in this case, disability, (i.e., they are not disabled, or do not have any immediate kin, or close friends who are), they are far more likely to adopt messages interpreted via the media to shape their understanding of a topic. Messages need not be directly positive or negative to shape logic, and tend to be mixed with a person's pre-existing ideals and biases, but it is important to note that media representations can fill gaps in knowledge, and have considerable influence over beliefs (Happer & Philo, 2013).

Such influence of the media was exemplified in late 2011, in South Shields, England, where David McGregor, committed a serious of abusive and intimidating actions against his neighbour Peter Greener, who has a brain condition which allows him to walk at times, but must use a wheelchair at others, leading McGregor to believe that Greener was faking his condition so he could receive Disability Living Allowance fraudulently as he had seen frequently reported. After McGregor was arrested, and ultimately convicted tor harassment, criminal damage and attempted criminal damage, his actions were blamed in part, to, reading multiple newspaper reports criticising disabled people for fraudulent claim of benefits (Clifford, 2011; Disability News Service, 2011), as in this case, the aggressor and the victim were said to have been on good terms with one another before the abuses started.

Media representations of disabled people in recent years have been mixed. They range, from positive and well-received TV coverage of both the 2012 London, and 2016 Rio De Janeiro Summer Paralympic games (Tate, 2016), to more controversial disablist material being casually used in comedy programmes in ways that would be unthinkable if they were discussing matters of race or sexuality. *Family Guy,* one of BBC Three, and latterly, ITV2's consistently most highly viewed programmes, frequently makes use of jokes at the expense of disabled people and other impairments, with a 2010 episode centred around poking fun at Down's syndrome still featuring in heavy rotation in scheduling, despite drawing a considerable amount of criticism (North, 2010). In addition, high profile comedians such as Ricky Gervais and Frankie Boyle have featured numerous disablist material as part of their acts and output in (Halliday, 2012; Mencap, 2010; V. Wright, 2010), which often draw little criticism from the wider public. While this may be nothing new, there is now a worrying aspect of how individuals making jokes at the expense of disabled people, such as Gervais and Boyle, are quick to defend their actions when the individuals whom they are targeting eventually fight back directly (BBC News, 2012), and how they tend to be vociferously supported in their actions by fans across social media, which can even result in the targeted individuals being inundated with on-line abuse by those sympathetic to the individual making the joke (V. Wright, 2013). It is hard to imagine that a comedian or other public figure would receive the same level of support if they were making racist, misogynist, or homophobic jokes. For example, the comedian Jim Davidson, is often chastised for his use of material poking fun at women, LGBT, and BME groups, but his frequent use of disablist material, while acknowledged, receives far less mainstream attention and criticism (Sherwin, 2014). These create a climate where disability related abuse is less important, less severe than other motivational contexts of abuse, and it is important that the media takes disablism seriously in the news as well as in entertainment to ensure that the message that disablism is not acceptable becomes the norm (P. Thomas, 2011).

As traditional media, such as television, newspapers, and radio, are under increasing pressure from citizen based journalism and media (M. Baker & Blaagaard, 2016; Örnebring, 2013), the influence of the media in 2017 extends beyond those traditional channels, and is now intertwined with the internet, and social media. Online spaces now form a significant part of modern life, and with them, introduce a new channel by which disabled people can be targeted (Wells & Mitchell, 2014). A recent study by Alhaboby et al (2016), found that not only are disabled adults subjected to disablist based abuse online, but such abuse can also include targeting close friends and relatives of the victim. Such online abuses may seem trivial compared to more violent cases of hate crime and abuse, but they can have a dramatic effect on the health, and well-being of an individual affected (Alhaboby et al., 2016). Online abuse is particularly pertinent for young disabled people, who, like those without disabilities, are living more of their lives online than previous generations (Boyd, 2014; Ito et al., 2009). While the internet has offered increased pathways for inclusion for disabled people (Chadwick & Wesson, 2016; Stendal, 2012), young people with disabilities are also faced with the risk of online predators, who may target them due to a perceived (or possibly real) level of vulnerability which may make them easier targets than those without, with Livingstone, et al (2011), finding that isolation and lack of social support may make young people with disabilities more likely to confide in, and form potentially intimate relationships with relative strangers met on the internet (Livingston, Haddon, Görzig, & Olafsson, 2011). Young people with disabilities may also be less cautious, and less critical of strangers, which may make it easier for online groomers to coerce them into precarious and risky positions (Livingston et al., 2011; Whittle, Hamilton-Giachritsis, Beech, & Collings, 2013);

The literature reviewed here suggests that abuse, victimisation, and disability hate crimes, are regular, and varied occurrences experienced by adults with disabilities, particularly those with learning disabilities. It remains difficult to understand conclusively to why people choose to target disabled people. Whilst some literature points towards vulnerability (itself a contested subject), others have suggested that disability is treated as less a serious issue than comparable incidences involving race, gender, or sexuality. However, research into disability hate crimes, particularly in Britain, remains in an early stage, with a relatively little amount researched into the subject at the time of writing. This may also be connected to the suspected high levels of incidences with going unreported (Nick Coleman et al., 2013; MacDonald, 2015), which makes quantitative research difficult, although not impossible (Wilson & Scior, 2015). There is an alarming frequency of interpersonal abusive incidents and relationships, such as mate-crime (Andrew Landman, 2014; P. Thomas, 2011; Vasey, 2017), incidents which are occurring throughout communities across the country.

Individuals with learning disabilities appear to be at a greater likelihood of being victimised, with disabled women said to particularly vulnerable to sexual abuses and assault compared to non-disabled people.

As disabled people now live more integrated lives in their communities than in previous decades, it is crucial that for them to live fulfilling and comfortable lives, they are able to live in their communities without risk of abuse. Abuse however, can come from trusted individuals, such as friends, family members, and other members of the community (Doward, 2010), although this should not be considered an argument for over protectionism, or to remove disabled people from their communities for their own protection. Instead, as the next chapter shows, the community itself, working together, can provide a safe and effective support network for disabled people to live independently and safely, with social workers playing a key role in this process.

2.4 Social Work, Disability Hate crime and Abuse

Despite having no realised definition in legislation or policy in Scotland, the reality of disability hate crime as evidenced in the previous chapter, appears to be a very real event, frequently experienced by disabled adults in Britain over a wide breadth of different impairments. It is possible then, that social workers, who often work directly with disabled adults within their local service areas, may come into contact with disability hate crime issues more readily than their colleagues in health, care, or even the police. As a vital, visible element in public service provision, social workers occupy a unique space between the general public, and wider public services. Social workers have a duty of care to the service users they work with, which might include responding to disability hate crime, and where possible, taking preventative steps to ensure the safeguarding and well-being of their service users. Existing research on disability hate crime and social workers is still growing, however, as with policy, there is much research into social work practice which could fall under definitions of disability hate crime, even if they are not referred to in such a manner.

2.4.1. Practice and ideology regarding Disability and hate crimes

Social work responses to issues of disability related abuse and hate crime share some common themes found within literature relating to social work with vulnerable adults, older adults and to some extent, children. Social work also has its own set of preferred terms when talking about abuse. Social work literature specific to “hate crime”, is limited in regard to disability. Although in the USA, the National Association of Social Workers have been vocal proponents of “hate crime” legislation at a national and federal level, citing one of social work’s core principles of serving marginalised groups, including disabled people as their main reasoning behind use of the term as a means to challenging the acts (Pollack, 2009).

Oliver, Sapey and Thomas’s key work, Social Work with Disabled People (2012), now in its fourth edition, offers one of the most comprehensive bridges between the worlds of social work practice and disabled people. Oliver, one of the founding fathers of the Social Model of disability, has continued to argue the case for social workers to embrace and use Social Model thinking in their practice. The text covers many areas pertinent to social workers who are working with disabled service users who may be victims of abuse. Collectively, they also appear to be strong advocates of the use of “hate crime” as a way of referring to disablist incidents or acts of aggression towards disabled people in general, arguing that it can cover a wide range of hostile acts.

One of the text’s key themes is the need for social workers to recognise disabled people as people first, rather than placing the emphasis on their disability, which is reflective of the Social Model. Failure to do so may result in a continuation of disability being seen as deviant (with the lack of disability therefore being implied to be normal) (Mike Oliver et al., 2012, p. 37). This is a pressing issue for social work at both a practice and policy level, and Oliver et al, argue throughout the book for disabled people’s views and rights to be taken seriously during all encounters with social workers, something which may not be possible if social workers are working with older Medical Model ideas of disability, where the problem is the result of a person’s disability, as opposed to the social environment they find themselves in. Although it is important to note, that the cause of this is frequently attributed to policy and management, while the solution is often seen to be in the hands of social workers themselves (Mike Oliver et al., 2012, pp. 153-162).

Oliver, Sapey, and Thomas (2012) amongst others, view social workers as potentially influential individuals in aiding the wider emancipation of disabled people, via methods such as inclusive practice, user-led (or centric) provision and self-directed support. They also highlight the problem of how ‘professionalisation’ in social work has historically been problematic, where working without the input of service users can take on a ‘colonialist’ approach (Doyal & Gough, 1991), wherein a powerful group of people (e.g., social workers,) can decide what is best for a larger, but supposedly weaker group of people, (such as disabled people), a practice which shows hints of a tragedy model of disability, one which modern social workers must try to avoid via reflection, and professional development. Social workers have largely moved away from older medical-model style ideas in their practice, and social work educators are similarly imbibing new generations of social workers with the conceptual understandings to encourage practices more focused on individuals (Fox, 2013). In recent years, senior social workers have called for newly qualified social workers to lead the way in a person-centred approach when working in adult protection, as part of the “making safeguarding personal” (MSP) initiative in England, where good practice is shared throughout services to improve outcomes for adults who are at risk of abuse and or harm. The MSP initiative is hoped to encourage new social workers to put individual circumstances at the heart of services where risk assessment and safeguarding processes are ongoing (Romeo, 2015). The underlying principle of this kind of person-centred safeguarding is to empower, rather than restrict service users, and to improve the quality of life of service users, rather than to impede them in efforts to keep them safe, echoing the sentiments of Lord Justice Munby;

> *“What good is it making someone safer, if it merely makes them miserable?” (Munby, 2010)*

2.4.2. Involving social workers with disability hate crime issues

When working with disabled service users, incorporating a more inclusive, or service user led approach is not without its challenges. One of the major challenges currently presented to social workers in working with disabled service users is the use of thresholds as a means of assessment and enquiry. When working with cases of possible disability hate crimes against disabled people, social workers can make use of different thresholds to ascertain the severity of an incident, helping their decision-making process regarding about the next course of action (if any to undertake). Defining thresholds is difficult, with the definition, construction, and maintenance of thresholds may depend as much on the personal ideology and agency of an individual social worker as much as a specification in service delivery (Quiqley, 2001). Thresholds for reporting may need to meet a certain criteria for a social worker to make further enquiries, but as thresholds are hard to define, Cooper, et al, (2009), using the example of neglect, argues that thresholds are best suited to be used as continuums or spectrums, rather than dichotomous, binary systems. This method could be helpful in helping prevent social workers becoming overly systematic in their approach, and allows them to use their own judgement and discretion to argue for intervention or further investigation, as opposed to working through a list of set criteria which could be checked off a list in a way which may obscure or miss some important details or subtleties in individual cases.

Despite the difficulty inherent in categorising thresholds for disability hate crime related incidents, social work agencies and their practitioners should still have some level of awareness around acceptable thresholds to raise investigations. The serious case review following the death of Steven Hoskins, a 38 year old man with learning difficulties who was eventually murdered by a group of individuals after months of abuse, cited the very lack of thresholds across several relevant local authority agencies as a key factor in their failure of allowing his level of abuse to escalate to such fatal levels, and also called for an advanced "risk matrix" to be developed to help integrate thresholds into existing risk assessment processes (Flynn, 2007). Given that the majority of cases of abuse, harassment, and disability hate crimes against vulnerable and/or disabled adults go unreported, it would appear that there is a strong case to be made for thresholds of some sort to be developed and implemented into practice, as the "if in doubt, refer" expectation traditionally common in health and social services (O'Keeffe et al., 2007) is letting too many individuals and cases slip through the net.

2.4.3. Protection and practice in the community

As there is a long history of advocacy towards disabled people's enfranchisement and inclusion into communities (Bates & Davis, 2004; Overmars-Marx, Thomése, Verdonschot, & Meininger, 2013), the need for social workers to help facilitate and encourage such measures is apparent. The works of Rachel Fyson and Deborah Kitson have put the spotlight on some of the challenges social workers may have to engage with whilst working with service users with learning disabilities in wider settings of the communities of which they live. Their work has shown that while individuals with learning disabilities are much more integrated into their local communities now than they were previously (it is no longer commonplace for such individuals to be placed in long-stay institutions or asylums, in isolation from the general public), this hasn't seen much of a reduction in levels of abuse and hostility towards adults with learning difficulties (Fyson & Kitson, 2010, p. 311; Fyson, Kitson, & Corbett, 2004). Ironically, one of the less positive outcomes of more community based approaches to care is that it has shown that cultures of abuse against disabled and learning disabled people can develop and exist regardless of the size of the communities (or peer groups) they live, as aggression towards individuals has continued in wider community settings similar to the way they existed in isolated residential settings (T. Clement & Bigby, 2010). Much of Fyson and Kitson's work, amongst others, has emphasised the difficulty that social workers and other services face daily in managing and implementing plans for the impendent living of their service users, without violating users' privacy, agency or right to make decisions, all the while ensuring their service users are safe and not at unnecessary risk from harm or abuse. The work of Power and Bartlett (2018) has shown that community support networks which welcome and include individuals with learning disabilities, evidences the good work that community protection and involvement, can play in not only keeping vulnerable adults safe, but helping them lead full, independent, and productive lives (Power & Bartlett, 2018). Although this study shows communities fostering a community-based approach based out of economic necessity, it serves as a useful example of how wider community-based practices prove beneficial to vulnerable adults, as well as the services who support them.

Independence (or independent living), is now at the cornerstone of social care policy. As mentioned above, the role of the community can play an important role in help encouraging independent living and safety for individuals in their community. Historically, more “community engagement” approaches have been open to criticism as a means of masking cuts to local services (J. Lewis & Glennister, 1996). For example, the Conservative Party's flagship “Big Society” policy during the 2010 election campaign, where communities, charities and individuals were encouraged to work together and pool their resources for the good of their local community, represented an arguably overly positive spin on subsequent budget cuts to public services which were implemented after the election (Ferguson, 2012). There is also considerable debate as to how useful a strong community-based model can be.

For some individuals, a community-based service delivery with less (or minimal) involvement from social work or other related services will be less problematic than others. For example, some families will be able to provide greater levels of support and assistance to a family member with learning difficulties, where others will not, which can often be linked to levels to of social capital. Social capital, according to Bourdieu (1986), refers to the amount of informal, intangible resources an individual possesses, such as influence, trust, power, and support,. In this context, an individual with a relatively high level of social capital, will be able to access greater levels of support than an individual whose social capital is low. Crucially, individuals with a learning disability are said to possess less social capital than those without, with their families said to possess less social capital also (Widmer, Kempf-Constantin, Robert-Tissot, Lanzi, & Carminati, 2008). If it is true that families which include a member who have learning disabilities, possess less social capital than those without, community and family support networks may be harder to arrange and utilise than in a family who possesses a relatively high social capital.

This is not to say that there needs to be a strict dichotomous relationship between informal community-based care, and social services. Much of the literature relating to tackling abuses against disabled people tends to utilise both approaches in tandem with one another. While professional intervention is often seen as a primary response in tackling harassment, these can only reach so far. Instead, services and the immediate and wider communities of service users must all work together to not only provide support, assistance, and intervention where necessary, but should also work together with activists and educators to help “break” the wider culture of intolerance amongst peer groups and wider groups which enable hostility to be enacted (Mishna, 2003a; P. K. Smith & Shu, 2000).

2.4.4. Risk, paternalism, balance, and inclusive practice

Social work practice with disabled individuals, is now far more inclusive than in previous years, and is now the cornerstone of much recent social care policy (Fyson, 2009). The common explanation behind this initiative is that it is the result of a more inclusive ideology across the profession (O'Leary, Tsui, & Ruch, 2013), although some argue this is actually borne out of wider policy and economic necessity (Strier, 2013). As a result of a more inclusive practice, the voices of service users have become more prominent in social work. As an inclusive model is incompatible with the overly prescriptive ‘colonial’ approach described by Doyal and Gough (1991), service users have been empowered to exercise greater control of their own lives. Much of this control has focused on their right to self-determination and independence, which brings with it an unavoidable element of risk. The challenge now for social workers, is finding a balance between an individual’s right to make decisions and take risk, versus being too permissive and allowing a vulnerability to be created by oversight or omission (Fitzgerald, 2008).

Current practices in assessing whether individuals have the capacity to live independently, accommodating risk in their own lives, tend to place a priority on physical and environmental measures relating to safety, such as whether an individual is capable of cooking a meal or crossing a road safely on their own. Less priority is said to be paid to ascertaining whether or not a service user has the emotional skills to identify possible incidents of abuse, or when they are being taken advantage of (Fyson & Kitson, 2010). Given that adults with a learning disability tend to experience higher levels of social exclusion or isolation than others (E. Hall, 2005; Hollomotz, 2013b; Nicholson & Cooper, 2013), they may be more susceptible to befriending individuals who are keen to exploit them financially, physically or sexually. Fyson and Kitson posit that social workers can help in this area by supporting their service users to enhance their emotional skills in this area, and by engaging with the wider community context of the individuals they are working with, to ensure that as wide a support network as possible for individuals exists, whilst also helping contribute to wider social initiatives to combat related harassment (Fyson & Kitson, 2010; Smale, Tuson, & Statham, 2000, p. 317). This needs to be an active and ongoing process, where social workers and other services regularly review the care plans of the service users they work with, another recommendation found in the SCR of Steven Hoskins (Flynn, 2007, pp. 23-24). This also includes engagement with the wider social context and community about adult protection, and how the community can help combat disability related harassment and possibly disability hate crime, with the underlying point being that such issues are public, rather than private, and should not be viewed as discrete, individual incidents removed from the social contexts which have enabled them to develop (Fyson & Kitson, 2010, p. 317).

A critical review of *No Secrets*[10] criticised adult safeguarding work in England, accusing it of actually disempowering individuals rather than empowering them (DoH, 2009a), although bringing service users into decision making processes as part of inclusive practices, are generally are seen as a good way of empowering service users while fostering independence and safety (Allen & Brodzinski, 2009). The extent to which social workers should intervene in the lives of service users is difficult to determine, and must be based on professional judgements considering issues such as risk, capacity and autonomy. Indeed, even in cases where harassment or hate crime is a possibility, social workers must be careful not to involve themselves too deeply into the private lives of a service user. This creates a complex dilemma for social workers to deal with as exemplified in Human Rights Conventions. All European citizens have a legal right to life free of "Inhuman or degrading treatment", yet at the same time "interference in the private life of a citizen by a public authority should be minimised" (Articles 8 & 2, European Court of Human Rights, 2010), which makes intervention in the life of an abused service user difficult if they have willingly chosen to accept to put themselves in a potentially risky situation. Similarly, a life free of abuse should not come at the expense of a service user's right to make his or her own decisions, as Fyson states;

> *"What value does freedom from abuse have if it comes at the cost of losing all independence?" (Fyson, 2009, p. 23)*

Such an approach however is not without its critics. Renshaw (2008), for example, has made the argument that there is a feeling amongst some social workers that a service user centred approach will actually undermine service users and the work of social workers, as he feels some people have become so dependent of social services they have actually voluntarily become disempowered to the point where they are no longer able to design their own self-directed support. While this view may be contentious, he does believe that service user led provision can be effective, but only when there is a strong social work presence to evaluate and guide proceedings.

Dixon and Robb (2016) write that the best possible practice for social workers currently, is to encourage positive risk taking in their service users who they may

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[10] See page 37 for further discussion of *No Secrets*.

deem to be vulnerable, but such risks may be better managed, and service users protected better where effective safe-guarding procedures are in place, particularly in relation to assessing risk and ongoing reviews. Their hope is that assessments of protection, capacity, and service delivery can be changed when needed much quicker, and with greater effectiveness when multiple services are working in collaboration with one another, as opposed to in solitude. This also may lessen over-dependency on service, something which can be a problem when a high level of support has been put in place (Dixon & Robb, 2016; Green, 2007)

2.4.5. Serious Case Reviews, and what we can learn from them

Serious case reviews into cases of the maltreatment of disabled people and adults with learning disabilities have given researchers, practitioners, and policy makers, an insight into how social workers have engaged with these issues. However, a study of serious case reviews in London relating to the harassment/abuse of a disabled person which ultimately led to a death indicated that the majority of these cases showed no consensus that they were preventable (Bestjan, 2012). Access and dissemination of the outcomes from serious case reviews can also be useful to practicing social workers to help improve their own practice, providing that they are clear, easily understood, and avoid any bias which deflects blame or criticism away from social workers or their mistakes (Manthorpe & Martineau, 2013, pp. 14-15).

Individual case reviews still offer important insights into what happened, why it happened, and how steps could be taken to improve outcomes in similar circumstances in the future. The case review of a service user in his 20s with “profound physical and learning disabilities”, (referred to as “D”), highlighted the difficult issue of addressing harm and abuse when a family member is suspected of being an abuser if they are also an individual’s primary carer. When it became apparent to social workers investigating D, that he was a victim of long-term neglect and ill-treatment by the rest of this family, local social services faced an uphill battle to try and address D’s problems, without risking having his family make a decision to withdraw him from services entirely (Kent & Medway Safeguarding Vulnerable Adults Committee, 2003). This SCR raises the difficult issue of withdrawal from services and the implementation of decision-making committees, which can be utilised in attempt to mitigate possible abuse or harassment from family care provider, (particularly when the suspected abuser is the carer themselves). As family members who make decisions on behalf of others may make the decision to withdraw from care or other services once confronted, removing the individual from their local authority's immediate gaze, potentially allowing further abuse and harassment to develop unchallenged (Manthorpe & Martineau, 2013). As a result of similar instances, safeguarding adult boards (or SABs) have become more commonplace throughout England (Penhale et al., 2007), where decisions, responsibilities and planning relating to an individual's safeguarding are shared amongst numerous stakeholders. In Scotland, initiatives such as the Protecting Vulnerable Groups (PVG) scheme, which carries out criminal record checks on all individuals working with vulnerable people to ascertain if a prospective employee has committed any previous behaviour, which may call into question their suitability for working with vulnerable groups (Disclosure Scotland, 2017). Both the PVG and SABs can help mitigate risks involved with service provision for cases as exampled in D's serious case review. (Braye & Preston-Shoot, 2010).

2.4.6. Playing with others: Multi-Agency work

Oliver Mills has argued that there needs to be a statutory requirement for agencies to actively engage with each other and work together in matters of safeguarding and adult protection (Mills, 2009). Agencies and services working with vulnerable service users are now encouraged (if not yet required) to share information and have also implemented a Disclosure and Barring Service (or DBS), a system consisting of background checks required to assess the suitability of individuals, inclusive of all agencies (as well as volunteers and family carers) across all sectors with direct contact to vulnerable adults and children, rather than a select few organisations (DoH, 2009a). Scotland has had a similar Disclosure scheme in effect since 2002, which offers four levels of background checks (Basic, Standard, Enhanced, and PVG) to those who wish to work with vulnerable groups. While such regulations exist that prevents people with history of perpetrating abuse or violent crimes with gaining employment in the social care sector, these regulations do not apply to those employed as personal assistants though direct payments or individual budgets. Combined with the common experience of isolation and social exclusion for adults with disabilities, this may open the door for financial abuse to be committed by carers, or other forms of 'mate-crime' to develop (Fyson, 2009).

While multi-agency work is a frequent factor in the success of protection and safeguarding of vulnerable adults, social workers themselves can face obstacles when trying to work alongside professionals from other agencies. Important data and information not being shared between services has been frequently highlighted in several high profile case reviews (Flynn, 2007; IPCC, 2011; Mental Welfare Commission, 2008), yet despite the problems this creates, it is apparently commonplace across many local authorities (Reid et al., 2009). In her analysis of literature relating to children who have been bullied, Faye Mishna (2003b), makes the point that social workers interventions in cases of victimisation are most effective when they are involved at every level possible, engaging with affected individuals as well as all groups and parties relative to an incident. This could also be applied to cases of harassment and harm of disabled people, and given the serious nature of cases where agencies have failed to work together, it could be argued that social workers should take the lead on investigations and form a central point for other agencies to work around.

Social work, social care, support, public and third sector agencies alike, do not exist in isolation from each other, and nor should their work practices. However, even agencies who do work together still run into problems. A practicing social worker interviewed in a study by Carey (2014), mentioned that they were becoming increasingly frustrated with the power and influence medical practitioners had over social workers professional capacities to make decisions and lead investigations, with medical practitioners often viewed as having a superior expert knowledge who are keen to offer cheap, short term solutions (namely medication) to problems which may be better dealt with by the skills of social workers (Carey, 2014). Problems with terminology also affect how well social workers can work with other institutes. Inconsistent interpretations or definitions about vulnerability between different agencies (and to some extent, different individuals) are a common challenge in multi-agency work (Stevens, 2013).

2.4.7. Does disability mean vulnerability? What is vulnerability, and who is vulnerable?

There are presently several working and legal definitions around who may and may not be perceived to be a vulnerable adult. Definitions tend to revolve around individuals over the age of 18, who may be unable to sufficiently take care of or protect themselves from harm, exploitation or abuse. For example, in 2000, the Department of Health defined vulnerable adults as such;

> *"2.3 The broad definition of a 'vulnerable adult' referred to in the 1997 Consultation Paper Who Decides, issued by the Lord Chancellor's Department, is a person: "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or unable to protect him or herself from significant harm or exploitation." (DoH, 2000, pp. 8-9)*

Disability, learning difficulties, mental health conditions and frailty are commonplace in descriptions of vulnerable adults, although older people (who may or may not fall into one of the previous categories) are also frequently referred to as being vulnerable (Means, 2007), with homeless individuals also included at times (Fitzpatrick, Bramley, & Johnsen, 2013). Many of these may only be working or operationalised definitions, as there is considerable contention around labelling such individuals as vulnerable. As Gary Fitzgerald (2008) reminds us, age and (dis)ability do not themselves give grounds for abuse, and as such, there is "no such thing as a vulnerable adult". Rather, it is the circumstances, environment, opportunity and the actions of others which create vulnerability, which in turn creates the potential for abuse (Fitzgerald, 2008, p. 19). Feminist theory has also invited us to rethink binaries about "non vulnerable" and "vulnerable adults", as reviews of serious case reviews have called the effectiveness of binary thinking regarding vulnerability when put into practice, where more nuanced and individual approaches were seen to be more effective (Clough, 2017).

This reminds us that vulnerable adults, are not a discrete and homogenous group which can be easily categorised. They are not hidden, nor are they removed from society. They are part of our communities and lives and have the same human rights as anyone else. To ensure these rights, vulnerable adults may have to engage with a variety of public services over the course of their lives, such as health, social work, police and criminal justice, respite, and social care. For such services, special care must be taken when dealing with vulnerable adults, with the first priority always to ensure their safety and protection without impinging on any of their social liberties guaranteed by law (DoH, 2000).

A 2012 study of safeguarding practices of vulnerable adults one local authority in England (Fyson & Kitson, 2012) highlighted the range of issues involved to both service users and providers regarding safeguarding. Abuse was seen as a common issue, with physical abuse consisting of the most frequent form of abuse reported, occurring in 36% of the cases observed. There also appears to be a difference in attitudes between social services and police. While most of the cases (78%) occurred in residential settings such as care homes or the home of a vulnerable person, 81% of cases had no police involvement, suggesting that either the local police did not see such domestic issues as part of their concern, or possibly, that they were never informed of such events in the first place. However, further findings from the study shown that service users responded well to interventions and safeguarding meetings with professionals from multiple local services, with professionals themselves also rating this strongly, although the lack of police involvement was reiterated as a drawback, and an important issue they hoped to improve in time. Multi-agency responses were held in high regard by both all parties involved, particularly emphasising their capacity to evaluate situations and make decisions based on multiple points of view, with different professions bringing different skills to the table, as opposed to a single agency or individual professional. Their findings also show a subtle biasing evident in the way professionals interact with vulnerable adults, where professionals tended to be complimentary and positive about their colleagues and contemporaries from other agencies, they often highlighted more negative and challenging aspects of working with service users, such as how a service user with communication difficulties can make assessing and investigating a case more problematic (Fyson & Kitson, 2012).

Hunt (2014) reminds us that vulnerable people are represented in all groups of society, again, furthering the point that it is difficult, if not impossible to use "vulnerable adults"[11] as a singular category, without some additional facet of a person's cultural identity. As a result, professionals who are said to be more likely to encounter adults who are vulnerable, such as social workers, police, doctors, nurses,

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[11] At this stage, it's important to make note that "vulnerable adults" has not been widely adopted in Scottish policy. The term "adult at risk of harm", as outlined in the Adult Support and Protection (Scotland) Act (Scottish Government, 2007) is more widely utilised.

care and support workers, and teachers, must all be aware of potential vulnerability in those whom they work with, and when recognising it, to ensure that they meet their professional obligation to protect the person from harm, risk, and/or abuse. This, however, is no easy task. Hunt (2014) is keen to point out that individuals who are vulnerable, may not be in a position where they feel strong, safe, or protected enough to seek help themselves, or even accept help when offered to them directly. Nonetheless, it is the duty of professionals in caring professions (if not individuals in society as a whole) to be prepared to step in and offer support to those who may currently be in vulnerable positions (Hunt, 2014).

2.4.8. Vulnerability and risk

Studies of risk in social science, have often been conducted and discussed in reference to risk at a macro, and society wide level. The most prominent discussions of risk in society, the work of Ulrich Beck (1992, 2004, 2009), possibly the most active scholar discussing risk in the 20th and 21st centuries, views risk as an inherent part of life in modern capitalist societies, where risk is weighed up against a benefit to loss balance. Beck, and others working in similar fields, such as Giddens (1999) have tended to view risk in this wider framework of a social structure which has a direct (and often irreversible) effect on the future. For Giddens and Beck, risk is largely explored in terms of large-scale risk(s) such as natural disasters, environmental damage, and health. This is important to note, as although the risks spoken about in this study, are smaller, and more interpersonal, they still link to how Giddens and Beck view risk in terms of vulnerable groups of people in society. For example, Beck's ideas of the "risk society", discusses how those who fare better in their own society, often do so either being far removed from risk, or better able to accommodate and deal with risk, compared to those who in society who may be struggling (Beck, 1992). Therefore, disabled people, (while far from a homogenous group), represent a group of people who have often been marginalised in their society (Finkelstein, 1993; Hughes, 2015; Kitchin, 1998), and as such, are exposed to risk at a far greater level than those without disabilities.

Those who work in caring professions and services who work with vulnerable people, have a responsibility to be aware of the risks faced by those they work with. By attempting to be aware of the risks their service users may be facing, service providers and professionals themselves must also be aware of what they are referring to when they are trying to define risk, especially in multi-agency settings, to ensure clarity in cross agency communication. Dixon and Robb (2016), highlight that two such professions, social work, and the police, need to be aware of how each individually defines and understand risk. Risk assessment tools, therefore, need to be complimentary and compatible with those utilised across different services so consensus can be reached as soon as possible, which is hoped, will speed up service provision, and minimise any potential risks safely and effectively. Adult care policies and guidelines have, in recent years, made similar recommendations for services who work with at-risk and vulnerable people, to adopt procedures which can be coordinated across multiple services concurrently (Directors of Adult Social Services, 2015; National Institute for Health and Care Excellence, 2014), although according to Dixon and Robb, there is a belief that this is not widely adopted, with services still largely figuring their own practice and policies with little consideration for wider multi-agency working (Directors of Adult Social Services, 2015; Dixon & Robb, 2016).

For those in society whom are considered vulnerable, this goes hand in hand with an increased level risk of abuse than those considered less vulnerable (P. Williams, 2009). The risk of abuse and victimisation is not confined to a single source, family members, friends, service workers and even other vulnerable adults can present risk factors. Services themselves can also be conduits of risk, so services must be vigilant and ensure that appropriate channels and procedures in place for service users to voice concerns (Bell et al., 2005).

Garland, (2012) suggests that by viewing disabled people homogenously as vulnerable, or at risk, this can imply that they are somehow seen as “weak” or “helpless” by those who wish to harm them, as well as by those who wish to help them, which in turn, can lead to those victimised as a result of their disability, to attribute some level of blame with themselves (J. Garland, 2012). This presents a difficulty in how to address the issue properly without patronising disabled people. Given the problems of conflating disability hate crime and vulnerability, it may unwise to draw a simple connection between disability and vulnerability, as disability itself affects people in vastly different ways, and any such resultant concept of an individuals’ vulnerability must be adopted with caution, or run the risk of unintentionally furthering vulnerability, or worsening a precarious situation (Ralph, Capewell, & Bonnett, 2016).

2.4.9. Vulnerability in Policy

In the late 1990s, several high-profile cases of institutional abuses of vulnerable adults emerged, such as scandals involving systematic abuses in a number of Longcare care homes (Pring, 2003), and a similar case in a Brompton care home (P. Williams, 2009), helped push the cause for vulnerable people to be considered a higher priority in care provision. The major result of Speaking Up for Justice and the late 1990s care home scandals, was the Department of Health's *No Secrets* guidance (DoH, 2000), is the most widely recognised official framework that local authorities and their agencies are now expected to comply with (although Scotland has developed further legislation since then), while not holding the legal authority of a statute, there is a clear expectation within the guidelines that it should be used and applied vigorously although exceptions can be granted if and exceptional reason to act against its guidance is evident. *No Secrets* sets out a "code of practice" for commissioners and providers of local health and social care services should strive for when dealing with vulnerable adults. One of the key aims of *No Secrets* is the recommendation for multi-agency responses and collaboration between agencies in handling cases with vulnerable adults, although the document is scant on specific details. Several regional committees have "naturally evolved" as a result of this lack of specificity, although pockets of confusion still remain between staff, agencies and other organisation regarding leadership, roles and responsibilities. According to Fitzgerald, there remains considerable debate amongst professionals involved in adult protection between those who believe that it is occasionally better to over-rule the wishes of a vulnerable service user who has the capacity to understand and who actively chooses to voluntarily take a degree of risk in their current predicament, and those who believe even in more challenging situations, this would be tantamount to a form of institutional abuse (Fitzgerald, 2008). For services and their professionals, this exemplifies the fine balancing act they must use when dealing with vulnerable service users.

In Scotland, statutory powers now do exist which offer greater power and responsibilities for vulnerable adults. When a woman with learning difficulties was admitted to Borders General Hospital in 2002, with multiple injuries from recent and previous physical and sexual assaults evident, it instigated a subsequent police investigation into her recent history, one which revealed a catalogue of abuse dating back at least several weeks and possibly far longer. Later that year, three men were convicted of these assaults, one of whom was one of the victim's care providers. During the investigation, it became apparent that local police, social work and health services all held records on this woman which individually raised concerns regarding her well-being and safety, although no agency took direct action or form of response until her injuries led to her admission to hospital, illustrating a collective failure of multiple services to work collaboratively. Further investigations of individuals and vulnerable adults receiving care under what became known as the Borders Inquiry (Scottish Executive, 2004b), revealed 29 further failures by local authorities to protect vulnerable adults. Of the *Borders Inquiry's* 42 recommendations, recommendation #11, directly aimed at the Scottish Executive stated;

> *"The Scottish Executive should prioritise the introduction of a comprehensive Vulnerable Adults Bill to the Scottish Parliament." (Scottish Executive, 2004b, p. 4, emphasis added.)*

In addition, there were also several recommendations calling for guidelines and mandates to be incorporated into service practices, which stated a clear call for multi-agency responses when dealing with vulnerable adults being targeted. Based on these recommendations and the overall strength of the *Borders Inquiry*, the Scottish Parliament introduced the *Adult Support and Protection (Scotland) Act* in 2007 (ASPSA), which was the first Act of its kind introduced in any part of the UK. The rationale behind Act itself was to address the problem previously identified where multiple services are working together on a case, as well as a gap between the *Social Work (Scotland) Act* of 1968 and current practices of intervention involving adults who fall under mental health or incapacity related legislation.

2.4.10. Discussion

Social work practice with disabled people, continues to move towards more inclusive and collaborative practices, and away from paternalistic, or oppressive forms of practice. This is a positive step for social work and disabled people in general, however, it does mean that social workers must be ever vigilant of keeping their service users safe from harm, while not allowing themselves to fall into paternalistic practices in order to protect service users from disability hate crime. Risk therefore, is one of the more challenging areas for social workers themselves, as disabled people have a right to take risks and make informed, supported choices about their lives, something which means social workers may constantly be running a fine line between over permissiveness and over protection with some service users. Multi-agency work, however, has been shown to be a significant and positive development and provides an opportunity to support vulnerable individuals from issues such as disability hate crime, while allowing them to live independent lives in their wider communities, one which may mitigate the constant balancing act between over protectionism and independence if utilised correctly.

All abusive and hate crime-related incidents provide modern social workers with a new set of challenges. Social workers have an obvious duty of care to protect all their service users, but they must now walk a fine line between being paternalistic, an approach which is likely to limit an individual’s life chances and ability to live and make choices independently, and non-interventionist on the other hand, an approach which can allow malevolent individuals to take advantage of vulnerable individuals (Fitzgerald, 2008; Fyson, 2009). Social workers can be aided (or hindered) in this process greatly where multi-agency work is taking place effectively and collaboratively (Stevens, 2013), although, in practice, this appears to be a difficult ideal to attain (Carey, 2014). The biggest issue facing social workers when working with service users affected by disability hate crime, may be trying to manage the fine balance between fostering independence, avoiding paternalism, keeping service users safe, and allowing them to take risks. Given that there are so many considerations a social worker must take, what does this look like in practice, and it is even possible during a climate of shrinking budgets and growing caseloads?

3. Methodology and Methods

3.1 Methodology

As the literature review demonstrates, there is currently a lack of work specifically relating to disability hate crime and social work. As there is considerable work on social work itself, disability theory, and of different forms of hate crime individually, these existing, but separate bodies of work needed to be acknowledged when selecting a methodological approach. However, as there is little research that covers all three areas of disability, social work, and hate crime, ensuring that an appropriate methodology is chosen which can appropriately cover these three separate areas within a single framework, represented a major concern that shaped the methodological framework. By doing so, it is hoped that the creation of new data generated by this study can be utilised effectively, and hopefully, contribute to further studies in the area. This chapter discusses the methodological concerns which influenced the study, and highlights why a relatively new interactionist approach, interpretive phenomenological analysis (or IPA), was well suited to exploring a new area of enquiry such as disability hate crime and social work.

3.1.1. Disability theory, methodology, and social research

This study has been influenced and informed by several important theoretical, philosophical, ideological and practical considerations. It would be arguably difficult, if not impossible to conduct any study on disability without paying reference to the existing canon of disability studies, and disability theory, which have emerged since the 1970s. As outlined in the theory section of the literature review. I agree with the consensus of recent work in the field of disability studies, which eschews a more pathological/Medical Model approach to understanding disability. This, along with the work of disability scholars who have long challenged Medical Model approaches (Finkelstein, 1980; M Oliver, 1990; UPIAS, 1974, 1976), have made studies based on Medical Model based thinking, or studies, which employ Medical Model influenced ideas of disability difficult for contemporary disability researchers.

A major critique of the Medical Model suggests that disabled people are far from a homogenous social or cultural group, something that the Medical Model is susceptible of ascribing them. This runs the danger of ignoring the idea that two individuals with related or comparable impairments may have vastly different experiences of life and life chances, making like for like compassions difficult (Hughes, 2004; Shakespeare, 1994). For example, two adults of comparable intersections of identity, (such as age, gender, socio-economic status, education etc.), who both possess “visual impairments”, may have different challenges (in relation to their impairment) in everyday life. Casually referring to such an impairment as a “visual impairment” may be useful for giving a rough idea of an impairment that an individual is living with, but it does not in and of itself tell us much about the social aspects, lived experience, or internal understanding of their impairment. This presents an issue for research looking for experiential data when working with disabled participants, as even with a large-scale dataset, by distilling individuals down to one solitary aspect of their identity, (in this case, their impairment), researchers run the risk of overlooking the wider range of intersections of identity possible. Trying to resolve this provides a challenge to contemporary disability research, but it may be next to impossible utilising a Medical Model approach, which tends to favour like-for-like comparisons between individuals with the same conditions in a categorical manner, and by doing so, tends to downplay the social, economic, cultural, and personal ways that such an impairment can affect an individual (Sommo & Chaskes, 2013).

As mentioned in the theory section, this study utilises the Social Relational understanding of disability as outlined by Carol Thomas (1999), as its major theoretical influence. Thomas’s working definition of disability as understood within the Social Relational Model links well with some of the issues influencing the study, such as exclusion, isolation, victimisation, targeting, and abuse. She argues that:

> *“Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing” (C. Thomas, 1999, p. 60)*

The decision to utilise the Social Relational Model as opposed to the Social Model of disability, the model which had been the dominant model amongst disability scholars for several decades previously (Beckett & Campbell, 2015; M Oliver, 2013), was made for several reasons. Firstly, the Social Relational Model allows the individual experiences of disabled people to come to the fore, but also recognises the individual aspects of their impairment, and the interaction that this can play in their lives and life experiences. The lived experiences of disabled people themselves is something which I believe is has been largely overlooked in the existing literature in the area of disability hate crime, and as such it is imperative that a philosophical position which can accommodate these experiences is utilised. I do not believe that the Social Model alone can address the individual lived experiences of individuals inclusive of identity intersectionality as historically it has tended to place a priory on disability as the primary focus of an individual's identity (albeit in a positive light). In contrast, the Social Relational Model, understands that disability can come in and out of people's lives at varying times, and may not always be the major defining element of identity in a person's life.

It is difficult to ascribe a strict categorical basis to different types of disabled people with a high level of accuracy, owing to the multiple aspects that can constitute a person's identity, life chances, and engagement with society (Hughes, 2004). Following the introduction of intersectionality as a concept, it has been difficult for social researchers to look at specific elements of identity in isolation to others. Intersectionality, is a social theory initially developed by Kimberlé Crenshaw during the 1980s, who felt that the then existent research on black women, tended to focus on them either as black or female, and tended to ignore where the two elements, (in this case; race, and gender) overlap, or intersect (Crenshaw, 1989). Crenshaw coined "intersectionality" as a means of conveying the different layered aspects of individual identity in a way that could be easily understood and utilised by anyone (Adewunmi, 2014). Although use and possible misuse of intersectionality has come under some level of debate in subsequent years, as levels of intersectionality can be cherry picked by researchers looking for specific intersectional relationships while ignoring others (McCall, 2005), it remains a useful tool for researchers aiming to understand participants from multiple, possibly overlapping aspects of identity.

I do not believe that one universal truth representative of the lives of all disabled people exists. I would argue that we are living in a post Social Model world, and, as intersectionality can suggest, questions are being increasingly asked as to whether disability is commonly held to be the main focus of a person's identity (Shuttleworth, Wedgwood, & Wilson, 2012; Swartz, 2013; Whitney, 2006). I believe therefore, that the Social Relational Model is more suited to this study than the Social Model of disability, due to its acceptance, and exploration of intersectionality. While focusing more on lived experience than the Medical Model, the Social Model still tends to downplay the individual experience to emphasise the collective, something which has been a growing criticism of the Social Model latterly (Corker, 2002; Terzi, 2004). As a result, the Social Model is a model which has largely concerned itself with structural and societal forms of disablement (M Oliver, 1990), often at the expense of the individual (Owens, 2015).

In contrast, by using the Social Relational Model as a chosen model of disability, this allows for more engagement with the personal issues (be they corporeal, internal, mental, external and/or social) and public issues. This allows research utilising the Social Relational Model to see and explore the links between the individual and the structures they live within and as such the methodological approach chosen for this study has to reflect this. Also, as social workers are seen to be the front line of the interface between state services and service users (C. Jones, 2001; Linzer, Sweifach, & Heft-LaPorte, 2008), and this study is interested in examining the relationship between service users and providers, the Social Relational Model is well suited to examining this relationship in detail, as its flexibility avoids creating a pure binary of social workers, and disabled people as two distinct, somewhat homogenous groups. The Social Model, in contrast may be more suitable for analysis as part of a wider, structural investigation, with less emphasis on individuals themselves.

The Social Relational Model's introduces the concept of psycho-emotional disablism, a concept which posits that disabled people can face victimisation and "barriers to being" (C. Thomas, 2007) via explicit or implicit experiences in their daily lives, which in turn can lead to emotional issues which may have a significant impact on their lives. I believe that this makes the use of the Social Relational Model a good fit for a study on disability hate crime such as this, which is focused on offences and offending against disabled people. It offers scope for higher profile incidents of possible disability hate crimes (such as violent crimes, sexual abuses, etc.), to be considered as important, as well as much more lower profile incidents (such as name calling), which, although comparatively minor when compared to incidences of physical assault or sexual abuse, can still negatively impact upon the life of an individual, and therefore should be considered as part of this study.

3.1.2. Positioning the study in a research paradigm

Defining and classifying research paradigms in social research is difficult and often open to debate and contention as to where one paradigm ends, and another begins.

Most social research falls into one of the long-established "big three" of research paradigms; positivism/post-positivism, interpretivism, and critical approaches. However, defining each of these paradigms is open to interpretation, and as such, (for example), two studies using interpretivist approaches may feature radically different methodologies.

3.1.3. Interpretivism and new data

Based on the potential problems mentioned with existing quantitative studies and reports in this area, it was decided to pursue a smaller-scale qualitative study using, one which would employ a methodology more in line with the paradigm of interpretivism. This study has elected to adopt a smaller scale qualitative approach, one which downplays positivist ideas about objective, universal, concrete truths about the social world. Instead it adopts the position that collectively and individually, it is people themselves, as social actors, who actively and passively engage in the construction of their own social reality in an ongoing basis. An interpretivist based approach then allows for a more flexible and expansive understanding of research data than found in a quantitative or positivist based study (Bogdan & Biklen, 1992, p. 38), however, care must be paid to ensure there is still a level of rigour in approaches to data collection.

Interpretivism, is a paradigm of research methodology which relates to understanding of events, actions and intentions, as opposed to simply recording and relaying events, as is more the case in positivism. Interpretivism has roots in the works of Simmel (Simmel, 1892), and Weber (Platt, 1985; Tucker, 1965; Weber, 1949), who argued against a purely positivist approach of explaining reality, and instead, seeks understanding(s) of reality through the lens of the social actors and observers involved in the area being investigated. This approach requires researchers not only to report what they discover during their data collection, but more importantly, to attempt to understand phenomenon from the perspective of those who they are researching, making interpretivism, in essence, a perspective based approach (Macionis & Gerber, 2011, pp. 32-33). This approach has been adopted into numerous offshoots in social research, such as Grounded Theory (Charmaz, 2000; Glaser & Strauss, 1967) and Symbolic Interactionism (Becker, 1963; Goffman, 1959).

Because understanding a phenomenon (as opposed to just recording it) requires much more in-depth data to work from, interpretivist approaches have often been favoured by smaller scale, qualitative studies, (Crouch & McKenzie, 2006). A smaller interpretivist approach lends itself well to an area which is yet relatively unexplored, or for where there has been little prior research. If it is hard to argue that there is enough understanding around a subject to inform a strong observable phenomenon, interpretivist studies have an advantage of being more flexible in their approach, as opposed to positivist studies, which are more constrained by what they are observing or actively looking for.

The methodology ultimately employed in this study represents an interpretivist, and phenomenological methodology. Phenomenology is a discipline of philosophy, and social research, which is built around sensory data, interpretation, and the understandings thereof (Schutz, 1970). Early phenomenology in the 18th and 19th centuries tended to involve more emphasis on empirical, sensory data; what we can touch, taste, feel, see, or smell (D. W. Smith, 2016). However, it has since incorporated the internal understandings of our sensory experiences, as they rarely, if ever, exist without some form of internal interpretation of what is happening. This was described by Husserl as a form of "intentionality", where we are required to delve beneath the surface of our sensory experiences to uncover the 'essence', or 'real' meaning of the phenomenon being explored (Creswell, 2007, pp. 58-60).

As mentioned above, and as evidenced throughout the literature review, there is a considerable body of work to be found within disability studies, social work, education, and sociology which have helped contribute substantial theoretical analysis to the study of disability. There is also a sizeable body of work from various academic disciplines such as social work, sociology, education and law, which have analysed notions around vulnerable adults and social work involvement. However, as there is comparatively little work available on disabled people who are being targeted, which places them at the forefront of research, with this gap in knowledge one which this study is attempting to address.

As this study is attempting to push disabled people's experiences to the forefront as much as possible to fill this gap in knowledge, a fully interpretivist approach appears to be a good fit. It allows the study to embrace the complexities of issues which may present themselves in participants' lives and acknowledges that experiences as best understood by those affected themselves, while also allowing these experiences to drive the main findings of the study. However, given that the considerable and ever-growing body of work encompassing disability theory, I feel it would be difficult to adopt a strong interpretivist approach, such as Grounded Theory (Glaser & Strauss, 1967), which may require much of the study to try and downplay much of the existing work on disability theory. The amount of pre-existing literature on disability and disability theory suggests that a more critical approach would be a good fit for this study, although I feel there is not enough evidence to support a fully emancipatory position, or a critical research agenda which specifically relates to the topic under investigation here. For example, there is simply not enough data to fully suggest a claim to critically base the study around, such as “social workers are doing too little work in relation to disability hate crime at this juncture (McCabe & Holmes, 2009).

3.1.4. Influences from Interpretative Phenomenological Analysis (IPA)

The study has adopted elements from Interpretative Phenomenological Analysis (or IPA), an interpretivist methodological approach, into a methodological framework that would best meet the study’s aims and design. The focus of IPA research is very much the individual, their experience of the particular events under investigation, and how they themselves interpret and relate their experiences to the world they live in (J. A. Smith, Flowers, & Larkin, 2009). Within IPA, it is believed that individuals exist in a world alongside objects, relationships, structures and languages, which are all fluid, and open to interpretation. For a researcher to then attempt to understand the individual, it is necessary for them to attempt to understand the relatedness of the experience of the event itself, in terms of its interpretation by the individual participant (Harper & Thompson, 2011). The study has used influences from IPA, but has also reconfigured its methodology to fit the sample groups, and methods of data collection and analysis. As such, IPA here is used as an influence (albeit a strong one) for the study to build upon, rather than the study being a strict, pure adherence to IPA and its principles.

One of the more useful tenets of IPA adopted throughout this study, is its ability to seek answers to questions in detail through the lived experiences of research participants as it allows for emphasis to be placed on experience and meaning. To give an example, using an IPA methodology Larkin, Watts and Clifton (2006), discuss the concept of “love” to illustrate that to study love, researchers should be less concerned with the nature of love, and how to define love, but rather, to understand love as a concept through people’s understandings and experiences of love. The subject in the study, instead does not become love, but instead becomes the person experiencing the phenomenon under investigation (in this case, love). In relation to this study, IPA helps frame the research within a position of what disability hate crimes can do to people, how defining the concept may (or may not be) of use to disabled people and social workers, which may offer a richer depth of data and analysis than an approach which simply documented a string of isolated events together for the purpose of findings patterns and categorical phenomena. This is a useful illustration of how IPA has been used throughout this study, as questions about what disability hate crime is, as well as what it looks like in practice, differs from participant to participant. In this regard, IPA helps use and analyse data from the meanings and understandings inferred from the participants themselves, rather than comparing their testimony to a pre-set criteria, such as “disability hate crime is X”.

While IPA does put the research participants, their experiential and interpretative data at the forefront, it still recognises that the researcher acts as an interpreter of sorts of these accounts. This has been referred to as a process of “double hermeneutics” (J. A. Smith, 2004). As the participant attempts to make sense of their world (and/or) experiences to the researcher via language, the interpreter (in this case, the researcher) then interprets this language into a new understanding. This is not a passive process on the part of the researcher, as interpretation requires verbal as well as non-verbal communication to be considered, recorded, and where possible, interpreted as fairly as possible by the researcher. As Smith explains;

> *“In IPA research, our attempts to understand other people’s relationship to the world are necessarily interpretative and will focus upon their attempts to make meanings out of their activities and to the things happening to them.”*
> *(J. A. Smith, Flowers, & Larkin, 2013, p. 21)*

In its relatively brief history, IPA has become a popular choice, particularly amongst student researchers, for its accessibility and practicality (J. A. Smith, 2004). However, Smith, has also urged caution against flippant use of IPA, as rigorous and cogent IPA is not an easy process (J. A. Smith et al., 2013), with the strengths of any piece of research undertaken using IPA, ultimately relying on the skills and dedication of the researcher.

As experience is the main data being sought using IPA, speech, dialogue, and writing, are generally regarded as the best way of recording this (van Manen, 1990). It is important that the participant tells their own story in their own words, and of equal importance is that the researcher themselves in turn, represents and contextualises these stories in the manner originally intended by the participant. Therefore, it is highly important that a researcher using IPA is keen to seek out a sense of “what it is like”, and “what it feels like”, as opposed to just seeking “what is” (Michael Larkin et al., 2006, p. 104). Through a combination of empathy and questioning, researchers are then able to capture an understanding of a social phenomenon directly from research participant themselves, which should be relayed and interpreted by the researcher in a transparent manner, so that the true meaning behind the interpretation is not lost.

For this study, several elements from IPA were utilised. It allows the experiential data from all participants, across all samples, to lead the direction of the study. This allows the open-ended nature of the research questions to be explored based on the data forthcoming from the participants themselves, as opposed to seeking binary yes/no answers, or measurable metrics. It would be a shortcoming of the study to reduce its findings to answering questions such as (for example ;) “Are social workers doing enough to support disabled service users?” which could be answered very simply with a “yes” or “no” (although such an approach would allow for far greater numbers of participants). Instead, it would generate richer data (from a smaller set of participants) to explore this area in terms of its understanding. Within IPA, this allows the research to explore various aspects of such an issue which may possibly arise from talking about this issue; what does “enough support” look like? What would service users and service providers like to see improved? How do participants’ understandings and experiences reflect what measures are in place via policy? These are all hypothetical examples to illustrate the opportunity IPA offers the study to explore different areas of data which may be generated as a result of the research questions, where the research questions represent more of a jumping off point for exploring phenomenon, rather than seeking concrete answers to support a critical position.

Whilst not a strict IPA study, the study has adhered to several of Smith’s (J. A. Smith, 2011) guidelines for conducting “good” pieces of IPA research. Appropriate data was sourced from appropriately selected participants, and there is a good balance in the data analysis of idiographic focus balanced against more “shared” characteristics amongst the samples. The analysis also transcends the structure of the semi-structured interviews, as interview schedules were often conducted in a natural manner, frequently jumping around from the scheduled order. There is also a strong element of how things are understood in the data analysis, as opposed to just reporting what happened. Extracts of interviews are used frequently to aid transparency and authenticity, and engagement with theory is present at all levels of the analysis (M Larkin & Thompson, 2011; J. A. Smith, 2011).

After careful consideration, several key methodological conclusions were reached. It was apparent early on that a positivist study would open itself to difficulties of both philosophical issues regarding the nature of lived experience-based data, and also be faced with the challenge presented from too little existing statistical data to currently engage with the topic on a quantitative level. This is something that will hopefully improve over time, however, if current estimates stating only 3% of disability hate crime related incidents are recorded as such (I Am Me, 2015), any statistical or quantitative approach will need to try and find a way around the apparent problem of underreporting. The lack of existing research directly involving social workers and disability hate crime, also makes a purely critical approach difficult. Although, as there is a considerable body of work on disability theory, and on other forms of hate crime, these still must be considered, offering some level of critical influence.

As the study is exploring concepts which are very much social in nature, such as disability, and disability hate crime, (the latter of which especially), are open to interpretation, using IPA as an influence offers an insight into this, by exploring how those affected and involved with disability hate crime related issues, understand and conceptualise it as a concept, and subsequently, how this conceptualisation is reflected in engagement. However, it is important to note, that this study utilises its own interpretation of IPA, rather than a strict adherence to established IPA practices. This was partly to allow the different possible communication capabilities and styles from its participants (specifically, this is an allowance for participants with learning disabilities). Also, one of the guidelines for good IPA research as outlined by Smith and Larkin (2009) is for participants to be drawn from a homogenous group, which, in a study such as this, would be extremely difficult, given the wide spectrum of individuals whom may be considered disabled, and as such, finding homogeneity in a sample group of “disabled people”, runs the risk of excluding certain types of impairments in deference to another, and at worst, may fall back into a medical model style approach of categorisation. The study does however fall in-line with the IPA theory of the researcher trying to make sense of the participant’s view of experience (Smith, 2009). Since disability hate crime, and social work with disability hate crime are both believed to be areas still in their infancy, this study also takes influence from one of the main aims of IPA studies, where the goal is not to make “universal claims” about issues under observation, but instead seeks to offer “cautious general claims” about a phenomena or group, with the hope that these cautious claims will slowly move research and discourse forward (Smith, 2008).

3.2 Methods

The overall strategy for this study can broadly be categorised into four distinct areas; a literature review, research with disabled people who have been targeted, past or present by abuse and/or disability hate crimes, research with social work practitioners, and finally, research involving other various related services. The first stage, the literature review, was conducted during the first year of the study, which helped give focus to the study’s direction, identify areas for further research and help shape the methods and methodology. Disabled people and social workers are considered the main participants in the study, so methods have been weighted in favour of engagement with these two groups, although a third group, consisting of agencies and individuals from non-social work services and organisations who are not involved with social work, also feature and make important contributions to the study. The sample of workers from other (i.e., non-social work services) were utilised to compliment and contrast data from the two main groups of social workers, and disabled people. As such, the study’s methods have been designed to address the specific needs and issues of each group separately. There were a number of challenges in recruiting participants across each sample group of the study, and a number of unforeseen barriers encountered along the way. Some of these may relate, in part, to the nature of the concept under study here. As discussed in chapter two, disability hate crime is a debatable, and somewhat fuzzy concept, with no clear definitions being universally agreed upon. This may have contributed with some of the difficulties with recruitment. Further reflection on these difficulties is explored in this chapter.

3.2.1. Research questions

The research design has been developed to explore the issues outlined across the main questions driving the study, which were developed during, and as a result of the literature review. To refresh, the research questions that this study aims to address are;

> **Main RQ:** What are disability hate crimes, and what are social work services doing in response to them?
>
> > **SQ1:** What are disabled people's views and experiences of disability hate crime and other aggressive behaviours that they have experienced?
> >
> > **SQ2:** How is disability hate crime understood conceptually, and is this useful for those affected, and the services working to help them?
> >
> > **SQ3:** How do current social work practices, address hostile actions and hate crimes directed towards disabled people?
> >
> > **SQ4:** What is the wider implication of disability hate crime conceptually, and in how does this interact with disability identity?

To address these, several critical positions have been adopted throughout the study. For clarity, these are as follows;

1. *Hate crimes and abuses against disabled people take place, and this is a problem which deserves attention.*
2. *Addressing this issue falls under the remit of social workers' professional responsibility (Fennell, 2011; Fitzgerald, 2008; Scottish Government, 2007)***,** *therefore I believe there is suitable cause to pursue this as a site of enquiry.*
3. *The term "hate crime", is not a universally agreed concept (J. Garland & Funnell, 2016; Iganski, 2002), this is something which should not be taken for granted. It is entirely possible that participants in the study may reject use of this term, or may ascribe completely different meanings to it.*

3.2.2. Researcher role and positionality

During the initial stages of recruitment, upon making first contact with services, agencies, or individuals, I would introduce myself as a researcher working for the University of Strathclyde who was writing my PhD thesis on Hate crime, Disability and Social Work. By the time interviews took place, participants were familiar with who I was, what I was doing and why, as they would have been sent copies of my information sheets in advance [12] as well as having informal discussions before formal interviews took place, in the course of arranging dates and times. Participants who had studied at university themselves were more familiar with my role than those who had not. It was also not uncommon to find that some of the social worker participants had studied social work at Strathclyde University themselves, and they would often ask me if certain members of staff were still teaching there.

As I am not a social worker, nor am I considered disabled (by myself or others), I am something of an outsider to the two main social groups which the study is investigating. Outsider (or insider) status in research has changed over the past 25 years, and being an outsider to a group being researched, is no longer necessarily a positive or a negative in its own right (Merriam et al., 2001). Researchers must instead, be vigilant of how their own positionality (in relation to their participants), may subtly influence the data they uncover. I felt it was important during interviews, as it is now, to emphasise that I am not a social worker, nor have I ever been one. I feel this was important to emphasise across all sample groups, as I feel that much of the existing research in this area has tended to focus on social workers or other experts (Clark, 2002; Collins, 2012; Manthorpe & Martineau, 2013; Stevens, 2013), and the best way to attempt to readdress this balance is to approach the issue in an exploratory manner. In essence, I would explain this to participants by telling them that I was looking to be as objective as possible. This was intended to reassure social workers that I was looking for objective data, to contrast the approach of much modern media coverage of social work and social workers, which tends to focus on the failings of social work (Lombard, 2009; Warner, 2014).

This was also similarly important when talking to disabled people, as I felt that for them to feel comfortable, and relaxed talking to me, they needed to be fully aware that I was not a social worker myself, and I had no agenda to shed a positive or a negative light on social work as a whole. Presenting myself as something of an outsider to social work, actually seemed to be welcomed by participants across all sample groups, including social workers. Social workers themselves did not seem to have any

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[12] These information sheets can be found from pages 285 to 300

concerns about my own lack of a social work background, while also seemed to be sympathetic to the aims of my study, and were reassured by the ethical guidelines I was bound to. As their anonymity was protected, they seemed to be more welcoming than they may have been had I been a journalist, given the different set of ethical guidelines researchers need to follow compared to journalists. I had expected some initial hesitance from social workers owing to my status as a complete outsider to social work, given the largely negative public portrayals of social workers as mentioned above, but this did not seem to manifest itself in those who participated.

It was also important for me to recognise that I am not disabled, nor do I consider myself to be. I have a chronic (but controlled) disease, but do not feel comfortable in describing myself as disabled. I do not think this has directly impeded my research in this area, although when meeting a respected disabled disability academic at a conference, it was strongly suggested that this type of research, should not be conducted by an able bodied person such as myself, something which has been a debated issue in disability studies for some time (Barnes, 1996; Kitchin, 2000; Stone & Priestley, 1996), as some believe that non-disabled researchers take opportunities for research away from disabled researchers, arguing strongly for disability research to be an insider led endeavour. This is the only hostile experience I have had in this regard, and thankfully those who have participated in the study were sympathetic to the aims of the study, and not as concerned as to who was conducting it. I also believe that by explaining that the study was hoping to redress the balance of research regarding disability hate crime, from an expert led perspective (as is common), to one with disabled people featured more prominently, helped participants from the disabled people sample group to understand that I was empathetic to their situations and perspectives.

3.3 Methods of data collection

3.3.1. Research with disabled people

3.3.1.1 Sampling strategy and recruitment process with disabled people

I felt it was important to be inclusive in regards to “who” is disabled (D. S. Dunn & Burcaw, 2013), and I do not believe that a main component of the thesis should be my own investigations into “who is” and “who is not” disabled.[13] I decided therefore, that it was important to make the study inclusive of individuals with any impairment which may fall under the varying definitions of “disability”; physical impairments, mental health issues, learning difficulties, hidden impairments, disabilities acquired from birth and disabilities acquired later in life. It was also believed that recruitment would be difficult for this sample, as while there are many disabled people’s organisations in the data collection area, there are very few that were actively engaging with disability hate crime related issues. Limits placed on the eligibility of potential participants, would need to be undertaken with careful consideration.

Eligibility criteria for the sample of disabled people were as follows;

- *Over 18 years of age*
- *Self-identify as disabled in some way, in their own terms*
- *Have experience of what they feel were abuses or disability hate crimes as adults*
    - *i.e., incidences occurring outside of school*
- *Able to give informed consent*

Fieldwork involving disabled people with experience of disability hate crimes began in early 2015. This was originally scheduled for August 2014, but this was held up for several months due to an absence in the University’s ethics panel which delayed ethical clearance being granted.

Originally, participants in the disabled people sample were to be recruited from social work services directly, although after some deliberation, this was ultimately decided against for several practical and ethical reasons. Recruiting disabled service users directly from social work services themselves would require twice as many local authority social work departments to be willing to participate, as I believed it would be hard to remain a consistent and acceptable level of ethical considerations to interview social workers and service users, both from the same services. Recruiting social workers and service users from the same service is something I felt would have deterred possible participants due to possible risks over their anonymity, so it was decided that separate local authority social work departments would need to be

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[13] Some participants however, (unexpectedly) introduced this themselves in some interviews.

approached for each sample group if both social workers, and service users, were to be recruited via social work local authorities directly. However, during data collection, one social worker who was particularly enthusiastic about participating, asked if she could nominate one of her current service users to participate in the study, as she felt that her service user would have a lot to say on the topic of disability hate crime.

In addition, there was also the possibility that services may grant access to service users who they were on good terms with, and ergo, be more willing to give a positive review of their social work practice, as opposed to those who may have mixed or negative views. Services may also have had an understandable reluctance to give up any time their social workers may have with their service users, with whom they may have had limited contact hours with.

Approaching social work departments for assistance with the recruitment of service users, would also have missed one of the main aims of this research, which is to try and understand why some disabled people who have experienced abuse and/or disability hate crimes do not have social work involvement, and by recruiting participants who are directly involved in social work, this aim would be missed entirely. Instead, it was decided to approach local and national organisations who work primarily with disabled people, including organisations run by disabled people themselves. All organisations were initially contacted by phone where possible, and email where necessary. Participant information sheets were then sent out for services to circulate amongst their service users who fitted the eligibility criteria. Participant Information sheets were produced in a standard format, along with versions in large-print, and easy read version based on Mencap's easy-read guidelines (Mencap, 2002), versions of which can be found in the appendices from pages 261 to 268. I would bring copies of the information and consent forms with me when interviewing participants, where I would also bring plastic folders in various colours, which was suggested to me by an early participant who highlighted the difficulty some people have reading black text on white paper.

Responses to recruitment amongst disabled people were mixed. Where some services were enthusiastic to participate, and talk to their service users directly, or pass on details of the study to them, it was not uncommon for emails to be ignored with no response, and phone calls not to be returned after several attempts. It is understandable that agencies would not all have the time or resources to participate, so a lack of correspondence should not automatically be assumed to mean indifference. Perhaps surprisingly, several agencies contacted felt that the study "wasn't of interest to them or their staff", or "this kind of subject matter doesn't concern us".

As was the case with the exception mentioned above of a social worker who made contact with a service user as she felt she would have a lot to say on the study, there was a factor of several participants who came forward, because they already had an interest in disability hate crime to some extent. An early group interview even took place at a monthly "disability hate crime meeting" at a charity office working with adults with learning disabilities. Cases such as these, amongst others, may have potentially skewed data towards a more politicised, and engaged population of disabled people. Not all participants in this group however were as actively involved with disability hate crime issues or concepts (several had next to no knowledge of the topic at all). This disparity has been reflected in the findings, where some participants were shown to hold strong, and considered opinions, indicating that a decent number of participants came forward due to pre-existing knowledge and opinions around disability hate crime, in comparison to others, who didn't recognise the term, and as such, had little to know current engagement with the issue politically. This disparity makes the findings hard to generalise in one sense, as the participants were not selected with a politicised vs non-politicised rationale, so comparisons between convergent participants in this group remain difficult. As some participants who held strong views on disability hate crime in particular had more to say on topics than others who had views of less conviction, there was a danger of allowing the stronger views to shape the study's findings in favour of those with less embedded beliefs, although special care was taken to take all relevant data into account, from all sides, and from all participants.

It is important at this point to make mention of the influential role that "gate-keepers" had in recruiting participants. In social research, a gate-keeper is someone who holds access to a desired group of participants, with whom prospective researchers must seek permission from, in order to access possible participants for research, or for further invitations to participate in research (Denny, Silaigwana, Wassenaar, Bull, & Parker, 2015; Singh & Wassenaar, 2016). As social workers themselves, as well as staff from non- social work services, would be difficult to approach directly (this would also have contravened the study’s ethical guidelines), approaches were often made to front-desk staff, based on available information from websites, or cold approach phone calls. This became problematic in ways I had not expected, such as a non-social work agency who told me that a study on disability hate crime “doesn’t concern our service users”, despite their service users consisting entirely of disabled people. This gatekeeper made this decision without consultation with any service users, or any other members of the agency.

From my experience conducting this study, and meeting many individuals with a wide variety of disabilities in the process, given the chance, many disabled will talk at length and in great detail about disability hate crime and abuse, even if they do not feel that they have been directly affected by it. However, many testimonies will have gone untold based on the difficulties in breaking through the barriers of gate-keepers of numerous services around the country.

3.3.1.2 Data Collection Process with Disabled People

Semi-structured interviews were chosen across all sample groups, including the sample group of disabled people. Semi-structured interviews were chosen as they would be loose enough to accommodate an Interpretative Phenomenological Analysis approach into the actual interview schedules, and interviews themselves. By utilising semi structured interviews, themes and ideas were able to be developed ahead of time, based on the findings of the literature review, and formulated into questions prior to interviews. During interviews, the loose, semi structured interview method was then able to accommodate participants to explore their own ideas, relay their own understandings in their own time and their own words. This was useful, as some participants would place more emphasis on some areas of questioning and have little regard or interest for others. Semi structured interviews, I feel, allowed participants to stay relatively on topic if they chose, while following a thread of questioning, similar to those in the rest of their sample group.

Interview schedules were created in advance of interviews, and were designed to achieve several aims. They were firstly designed to break the ice with participants, and ease into discussion around the topics of social work, disability-hate crime and abuse gently and slowly. This was an attempt to put the participant at ease, so as when approaching potentially more sensitive topics such as abuse, there was already a level of comfort in place. The guidelines provided by Lewis and Porter (2004) were useful in helping interviews adapt to the different levels of communication participants in this group presented. Several considerations were given to the event of a participant becoming upset or wanting to withdraw beforehand. [14]

The design of these semi-structured interviews followed the outline set out by Drever (1995), where potential topics of discussion are developed ahead of time, primarily via a literature review, then arranged in an order which can be flexibly rearranged during the actual interview. This allows for a more natural conversation than a fully structured interview, while still able to explore some desired areas of questioning more so than in a completely unstructured interview. This aspect of semi-structured interviews lends itself particularly well to an interpretative phenomenological analysis-based study such as this one. As one of the main tenets of IPA research is understanding the “why” of events, as opposed to the “what happened”, (J. A. Smith, 2011), semi-structured interviews allow for jumping off points in interviews. For example, asking a participant win the sample of disabled people “what have your experiences of disability hate crime been?” can prompt discussions around the “what happened”, but also open the door to discuss about the “why” of the event, and in turn, look for deeper meaning through flowing conversation, something which is possible under the loose structure of semi structured interviews, but would be difficult (but not quite impossible) under structured or unstructured interviews (Rabionet, 2011). This approach was utilised across all sample groups, but was particularly useful when interviewing people with learning disabilities, as the flexibility of the interviews allowed the participant themselves to lead the course of the conversation in a manner and speed at which they were capable of. Some have advocated spending time with research participants with learning disabilities ahead of actual interviews to build trust, and ensure that communication between researchers and participants can be developed ahead of the actual interview itself (Stalker, 1998), but this was not feasible for time reasons in this study. Although all participants knew of myself and had agreed to take part beforehand, the interviews, the interviews were often my first real encounter with most participants in this sample group. I believe however, using semi structured interviews, helped allow the interviews to settle and flow at a natural, comfortable pace, where adjustments could be made quickly if deemed appropriate

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[14] See *Ethics* on p127 for more information on this.

by participants, or myself. The interview schedules can be found from pages 276 to 279 in the appendices.

As participants in this group included individuals with learning disabilities, attention was given to ensure that data collection here would be ethical, safe, and representative of participants intentions. Participants were asked ahead of time if any requirements or communication aids, such as talking mats or AAC would he be helpful, but no participants asked for any such measures to be taken.

In total, 15 participants[15] were interviewed for the disabled people's sample group, across 8 interviews and one group interview. Participants were aged from 20-57, with an average age of 36 across the sample group. During the interviews, I used language and terms reflective of those that the participants themselves used. For instance, if a participant referred to instances of abuse or disability hate crime as "bullying" for example, I would then use this terminology throughout the majority of the interview, although I would usually substitute it for another similar term once or twice towards the middle of the interview, changing usage from "bullying" to disability hate crime, to see if any changes were noticed, and if the change was deemed important enough to be mentioned or noticed by the participant. Not all participants spoke directly about experiences of disability hate crime, although all had acknowledged that they had experienced behaviours which could be considered some form of abuse. However, it is important to note, that not all participants wished to discuss specifics, and ethically I felt it unwise to push this issue strongly.

Most interviews were conducted on the premises of the service via which the participant was recruited, although two were conducted in local cafés nearby to the homes of participants. Interviews were recorded on a Zoom H2n portable microphone, which allowed interviews to be conducted in areas with moderate amounts of background noise if necessary, without sacrificing clarity or audio quality. Only two participants declined to be recorded, but opted rather to have notes taken instead, as they were uncomfortable with their voices being recorded.

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[15] A full list of all participants can be found in section 3.8. The15 people interviewed who make up the sample of disabled people, can be found on pages 116-134

At the conclusion of each interview, I thanked participants for their time, and reminded them of their right to withdrawal, offering transcripts of the interview to them when available, which was only taken up by one individual. Following the end of recording, participants tended to open up, and discuss their experiences more freely, in a more conversational manner. As these post-interview discussions tended to yield rich data, interesting discussions, and useful testimonies not forthcoming during the interview, I would ask participants if they were comfortable with me taking notes of some of our talking points after the interview.

3.3.1.3 Limitations of Data Collection with Disabled People

Although I have attempted to resist over-categorisation, the majority of the participants in this sample group consist of individuals primarily with learning disabilities, (n=12), compared to those with primarily physical and/or hidden impairments (n=3). This was a common issue throughout participant recruitment, as services whose primary site of interest lay in physical or hidden impairments, or mental health issues, tended to be far less enthusiastic about the topic of disability hate crime than those who primarily worked with learning disabilities, or those who took a more holistic and inclusive approach to disability. Based on some pre-data collection discussions, I was interested in talking to individuals with visual impairments, although on approach, charities and services who work with visually impaired people were less than enthusiastic to take part. Beyond my own speculation, I was left with no hints as to why this was the case, as most lines of communication went cold very quickly. Deaf organisations also, were similarly uninterested in taking part, although this may be explained by reluctance amongst some deaf communities to reject the labels and identities of disability (Lane, 1995; Obasi, 2008; Reagan, 1985), and therefore, disability-based research. Unfortunately, those with mental health issues were not represented in the disabled person's sample either. Some discussions I had with services while attempting recruitment in this area suggested that individuals with mental health issues, may be particularly uncomfortable with the label of disability (Sanders Thompson, Noel, & Campbell, 2004; Seng, Lopez, Sperlich, Hamama, & Reed Meldrum, 2012).

Another possible issue is that it was not uncommon for the participants with learning disabilities to be somewhat politicised about disability hate crime. A small group meeting I attended at a service for local people with learning disabilities, where I was able to hold a group interview with 6 local service users, was actually their bi-monthly "disability hate crime meeting". Such individuals tended to have more pre-existing notions about disability hate crime, and have spent more time thinking about the issues which I was interviewing them about than others. While this doesn't represent a problem in and of itself, I still feel it's important to flag up at this stage.

An interesting phenomenon during data collection with disabled people, was the way people would recount stories of abuse. It was common for individuals to talk about instances which could be considered abusive before, and after interviews, only to answer that no incidents that could be understood as hate crimes had happened to them in their adult lives. When this happened, the question would be rephrased, and repeated in several ways over the course of the interview, often with the same results. This tended to resolve itself later in interviews, when participants would start talking about abusive events in their own time and on their own terms. It was also a frequent occurrence for individuals to talk about their experiences of bullying, and abuses whilst at school, no matter how long ago this may have been, as opposed to their more experiences in adult-life.

Whilst the majority of the study's research design has been shaped by the literature review, I cannot ignore the influence of many informal conversations with people met at professional events, through the university, and in my own personal life, who offered insight into the lives and experiences of disabled people in relation to disability hate crime, and social work, before data collection began in earnest. The ideas and conversations these people gave me, helped direct my reading, and helped motivate me during the early stages of the study. However, almost all of these initial contacts declined to take part in the actual data collection, and as such, the insight, and histories they shared with me initially, were never able to be picked up on at a later date, and as they fell outside of the data collection period, they were unable to be used in data analysis for ethical reasons.

3.3.2. Research involving social workers

3.3.2.1 Sampling strategy and recruitment process for Social Workers

Participant criteria for the social worker sample group was relatively straightforward. All participants needed to be over 18, although qualified social workers in Scotland would generally be over 21 at the youngest if they had started their degrees at the earliest possible time directly following on from high-school. Social workers needed to be currently practicing, or in managerial positions if not currently practicing. They also needed to have some prior or current experience of working with disabled adults who had experienced some form of abuse or hate crime within the past five years. It is also important at this juncture to note that social workers themselves can be disabled people, so the two groups are not mutually exclusive, however none of the social workers spoken to in this study identified themselves as disabled. Participation in the study was completely voluntary.

To reiterate, social workers eligible to participate were;

- *Over 18 years of age*[16]
- *Currently practicing, or in a managerial or supervisorial role if not practicing*
- *Experienced in working with disabled service users who had received abuse or hate crime within the past five years.*

In total, 11 local authorities were approached around the country. Initially, this was intended to be 4-5 local authorities around the country, chosen to contrast each other in some manner, such as two urban local authorities, and two rural local authorities, or two affluent areas and two disadvantaged areas. This was intended to give the study some level of comparison as to how areas with different economic or social structures, such as economies or geographies, worked. However, difficulty in recruiting participants from local authority social work departments meant this became unfeasible in practice, and as such, the study had to adopt a more generalist approach. Whilst this difficulty in recruiting participants led to a much simpler approach for selection of participants, some comparative elements did eventually emerge.

Social work agencies in each local authority were approached by emails of phone calls where possible. This approach had extremely varied results, with agencies in some areas responding quickly and enthusiastically, others with confusion, and others with indifference. Some agencies were interested in participating, but had to decline at early stages due to lack of time to dedicate to interviews. Similar to the difficulties recruiting participants for the disabled people criteria, gatekeepers played

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[16] Participants recruited for the Social Work sample group would all be at least over 18 in compliance with SSSC rules. Most would more likely also be over 21 at least, having finished training, and qualified as social workers.

another vital role here. Some gatekeepers would know immediately who to direct me or my request to, where others would struggle to give a contact who might be able to deal with my enquiries. One such agency, passed my call from person to person through six different people, before returning to the person who initially answered my call in the first place. I was also given several email addresses from one local authority on several different cold approaches, all of which all immediately bounced back as failures, and ultimately led to nothing.

Agencies who were interested and able to take part were emailed copies of information sheets to circulate amongst who met the eligibility criteria. This bore some success, although many social workers expressed interest in the study, but declined to take part, owing to a lack of available time. Recruitment in this area was slow, and difficult, but did bear some fruit, with the participants collectively representing different types of social workers working in different local area setups. Over the course of a 12-month period, a total of 19 social workers were interviewed across five local authority areas in Scotland.

3.3.2.2 Data Collection Process with Social Workers

Semi-structured interviews were also employed for this sample group. Semi-structured interviews allowed greater flexibility during interviews themselves, and seemed the most appropriate choice to explore new areas of questioning, as well as those questions prepared beforehand. Interviews, again, were recorded on a Zoom H2n Recorder. All interviews in this sample group took place in the local base of the social worker being interviewed, usually in small meeting rooms. With one notable exception, interviews were all one on one, even when multiple social workers from a single agency were being interviewed. The exception in this case, was where I was invited to a local authorities' six-monthly social work group meeting, where I was asked to speak to, and interview 13 attending social workers in a focus group format.

These interviews tended to follow the order as prescribed in the interview schedules more than interviews with disabled people, but they still veered off topic on occasion. As with the disabled people interviewed, social workers were thanked at the end of the interviews for their participation, reminded of their rights of withdrawal, and offered a transcription of the interview when it was available, an offer which was taken up by just under half of the participants. Similarly, following the conclusion of the interviews, post-interview discussions offered up some interesting points of data which supplemented those found during the actual interviews. During these discussions, participants were also asked if notes could be taken, and if these notes could be used in the study with the same adherence to data collection ethics as in the main interviews, which all participants obliged.

3.3.2.3 Limitations with Data Collection with Social Workers

One of the issues with data collection in this sample group was the lower than hoped for response rate. I had always envisaged recruitment to be difficult amongst this sample group, as social workers are extremely busy and under considerable pressure. Indeed, many social workers who did express interest who were not able to participate due to a lack of time. Gate-keepers, again, held a large degree of power in terms of access. While several were extremely helpful, this was not the case in the majority of cases.

Similar to recruitment with disabled people, there is also an issue about how generalisable the sample group here is to the wider population of social workers in Scotland. The pressures of time and availability listed above, can suggest that social workers who did volunteer their time, may not only have had the time to participate, but also the social or political motivations to take part, compared to those (for example), who may have had the time to participate, but may not have had strong enough feelings on the subject to volunteer their time. While keen participants with strong feelings can helpful for a study, it can create an imbalance., If the majority or totality of participants in a sample group hold a particularly strong viewpoint compared to a smaller set of participants who hold a weaker viewpoint, this can cast doubt on the veracity and representative of the findings themselves. In cases like this, it is tempting for more dominant and vocal participants to come to the fore at the expense of quieter, or more reserved participants. This has required attention to detail in this study, as both social workers, and participants with disabilities, both featured several participants who spoke passionately and enthusiastically about certain issues, in comparison to less enthused responses from others. While some participants feature more in the findings chapters than others, it is worth noting that the quotes mentioned are used illustratively, to highlight points made by wider participant groups. Some participants who have been given more attention, should not be assumed to have more importance than those who feature less, participants' testimonies which are highlighted across the findings instead due to a particularly unique take on an issue which is worthy of analysis.

3.3.3. Research involving other services

3.3.3.1 Sampling strategy and recruitment process with other services

Participants for this sample group were recruited from non-social work, and non-governmental services. Initially, this sample group was also to be inclusive of other public services who work alongside social-work, such as health, housing, education, and the police, but these presented several problems in their execution, (discussed in more detail below).

Participants in this sample group were subject to a simple two-tiered level of criteria of eligibility; the first for their organisation, the second for the individual participants themselves. Firstly, organisations themselves needed to be;

- *Third-sector, or non-governmental*
- *Working with disabled people directly*
  - *This could be physical impairments, mental health issues, hidden impairments, learning disabilities, acquired impairments, impairments from birth, or any combination possible from the above.*

These criteria were set in place as to ensure that the services spoken to were those who worked *primarily* with disabled people, rather than an agency who worked with a more general population, or another group of the population who happened to have some disabled service users, such as a women's refuge charity, or a homeless service. This was specifically built in to best utilise the time available, as there would be a much higher likelihood of services whom primarily work with disabled people having staff members who would have more relevant experiences to the study, compared to those whose primary site of concern may only tangentially relate to disabled people.

Participants from these organisations needed:

To be over 18 years of age

- *To have worked with, or supported a disabled adult who was experiencing abuse and/or disability hate crime*

    - *Or have supervised or overseen staff in the service who have directly worked in this capacity.*
- *Ideally, to have had some contact with social work relating to this issue, (although as this is a soft requirement, it was listed as a "preferred" criteria rather than a "required" when recruiting).*

Participants for this sample group were drawn from a similar pool as to those in the disabled people sample group. These were generally local third sector organisations that supported, or worked closely with disabled people directly. As the participants in this sample group were not having their own services and practices analysed in the same way that participants from the social work sample were, there was not the same ethical problem seen here in recruiting service users and service providers, from the same service. Participants for this sample were recruited via personal or professional networking, word of mouth from other interviews across each sample group as services were often keen to make mention of other services they worked alongside or knew of in their areas.

Recruitment of participants in this area was similar to that of disabled people, as many of the same agencies were approached for the recruitment of staff and service users for each separate sample group. While most services tended to opt to participate in one sample group or the other, several staff and service user participants were recruited from the same organisations. In such cases, extra precautions were taken to ensure that all ethical procedures were in place. The biggest ethical issue to be addressed was ensuring that confidentiality and anonymity of both sample groups was maintained when working with individuals across both sample groups, who may work together, and as such, may directly or indirectly comment on each other. I attempted to circumvent this by asking, where possible, for staff and service users who worked together not to be included.

Responses to recruitment requests, again, were mixed. Despite some early encouraging signs, where services in the other agencies sample group were the most enthusiastic and keen to participate in the early stages of the study, this enthusiasm tended to wane soon after initial contact. It was common when attempting to recruit staff in this sample group, for staff members to contact me after an initial of information sheets had been emailed around their service, only for this to be my only contact with them, with no replies to any subsequent emails, meaning a much lower final number of participants than what was projected during the study's early days. Of 32 total individuals who expressed interest in participating over the data collection period, this resulted in 8 participants who were keen to keep in contact to the point of arranging and participating in interviews. As a result, six interviews were carried out, interviewing a total of eleven people.

3.3.3.2 Data Collection Process with Other Services

Participants in this sample group tended to be interviewed in their own buildings and offices, although some preferred to be interviewed in public places, such as local cafés, as this was easier for them to arrange. These were also semi-structured interviews, with their own sample group specific interview schedules. Again, all interviews were recorded on a Zoom H2n Recorder, and similar to the other sample groups, post-interview discussions tended to yield interesting points, which were noted down with permission. These interviews tended to be more conversational than with the other samples. Participants would veer off-topic into other areas, but less so than social workers, and disabled people. I would use whatever language people were comfortable with when referring to abuse, disability hate crime, or disability, but this group tended to be the most precise and consistent in their use of language compared to other groups. At the conclusion of each interview, participants were reminded of their rights of withdrawal, and offered transcriptions of the interview when available, although none of this sample group's participants accepted this offer.

3.3.3.3 Limitations with Data Collection with Other Agencies

As mentioned above, recruitment was difficult. Taking advantage of the initial enthusiasm shown when talking to possible participants early on proved extremely difficult. I have no real explanation for this, however staff at services I have spoken to, mentioned that their colleagues whose enthusiasm waned, were probably in busy periods, or had over committed themselves and their time upon initial contact. With this in mind, it may have been prudent to make a clear notification of the time commitment necessary for participation in this study, to avoid any confusion of possible participants perhaps believing that they would have had to dedicate hours or days of time to participate, rather than the short amount of time that was required.

This sample group also included Police Scotland as an intended participant, as many acts considered abuses or hate crimes can also be considered crimes in their own right, it was hoped to be able to talk to some Police staff or managers where possible, to gain an insight into their practice with disabled people who have been victimised by crimes -hate crimes or otherwise. Recruitment of Police Officers through Police Services however, proved difficult, and each attempt at recruitment via the official channels led to dead-ends. I did however, met several Officers over the first 18 months of the study at conferences and public events who had been working directly with disabled adults, with specific regard to disability hate crime. These individuals, while interested and sympathetic, could not participate without the approval of higher-ranking staff, which meant applying through the proper channels, which I was advised would be a slow process, which most likely would have stretched out beyond the final submission date for this study. As a result, the views of Police Scotland staff are not represented in the study, although I hope that this is something that may be remedied by future research.

3.4 The raw data

The main data generated by the study is as follows;

- *In total, 34 people participated in the study, across interviews were conducted,*
    - *11 Individuals with disabled people aged 20-57 ($\bar{x}$ = 36), across 8 interviews, averaging 24:44 minutes.*
    - *18 social workers across 5 interviews, (and 1 focus group with 12 participants), averaging 47:09 minutes.*
    - *8 participants from other agencies, across 6 interviews, averaging 43:21 minutes.*

3.5 Data analysis and Coding

Towards the end of the phase of data collection, the data analysis process began. During the latter stages of data collection, I began transcribing completed interviews in full using *f4transkript*[17] software, which allowed recordings to be slowed down to

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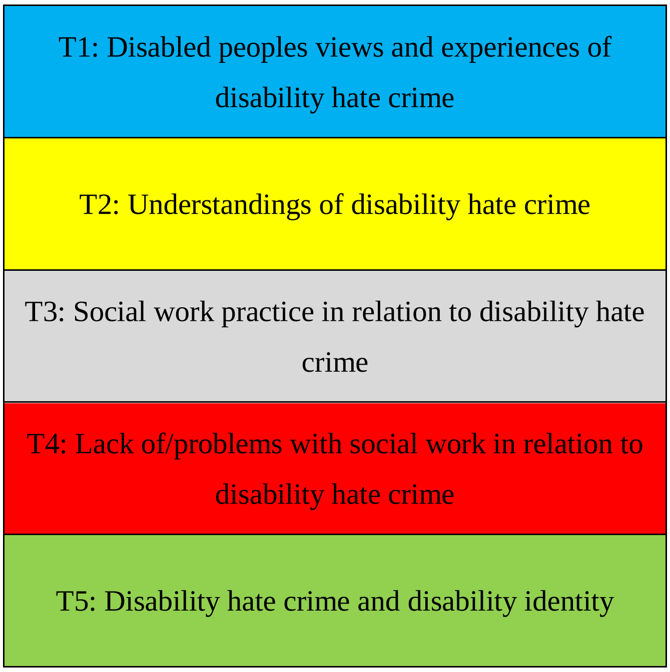
[17] f4transkript - https://www.audiotranskription.de/english

aid transcription, while also taking notes, and importantly; identify emergent themes during transcription further proper coding took place.

Thematic Analysis was chosen as the mode of data analysis for this study's data. Thematic Analysis is a wide ranging analytical model, with forms of Thematic Analysis being used in positivist and quantitative studies (Friedman, 2008), as well for qualitative studies (Braun & Clarke, 2013), such as this. At its core, Thematic Analysis allows for the systematic generation of codes and themes to develop from data itself, and aims for knowledge be generated from the experiences and understandings thereof, from the participants involved. Thematic Analysis has been useful for studies seeking experiential data into how participants think and feel, and has been used to explore social meaning around a key critical concept (Braun and Clarke, 2014), something which lends itself well to this study, as a major goal of this study is to accumulate and understand experiential data around some critical key concepts (disability, hate crime, etc.). It is also well suited to be used alongside the Social Relational Model of disability, as both IPA and the Social Relational Model of disability, both view social concepts (such as disability) as being highly personal concepts which can, and often do, vary between individuals.

Developing codes and themes in thematic analysis requires attention to detail from the researcher to ensure that data is as true to the meanings as intended by participants as possible, as setting hard and fast rules around "what is" and "what is not" a code may disregard substantial findings if they do not meet certain inclusion criteria. For example, a single participant who has a relevant, unique, and significant take on a topic which only appears once over the entire dataset, could be disregarded if no other participants mention anything similar. If a data point appears singularly across data analysis, the researcher must ensure that these singular moments are not abandoned or disregarded entirely, as they may still represent a valuable insight. Thematic analysis then, requires elements of researcher judgement to determine what themes are (Braun and Clarke, 2006). Within Thematic Analysis, experience of, and the understanding of a concept (in this case, disability hate crime), is of more importance than what the concept itself actually "is" therefore, concepts which feature in the study (e.g., social work, disability hate crime, multi-agency work), can be treated conceptually, eventually turning into themes (Bryman, 2016, pp. 586-589).

Coding in this study involved a three-step process, similar to the process outline by Attride-Stirling (2001), where codes are generated in three distinct levels. Firstly, the initial level of coding consisted of broad (or basic) themes, initially drawn from the data which referred or linked to one of the main points found during the literature review. The research questions were also kept at hand during transcription, to aid this first level coding, which helped rough categorisation of each element of a transcript to be loosely grouped into four initial categories, which were colour coded (see [Figure 1), roughly corresponding to one of the main findings from the literature review.


T1: Disabled peoples views and experiences of disability hate crime

T2: Understandings of disability hate crime

T3: Social work practice in relation to disability hate crime

T4: Lack of/problems with social work in relation to disability hate crime

T5: Disability hate crime and disability identity

[Figure 1: Diagram of colours and themes representing first level basic coding]

This first stage of analysis proved useful, as by categorising data into basic themes visually ,each interview could be glanced at to offer a very cursory level analysis of its content, which helped the sorting process to begin, where the data could be more thoroughly analysed on a point by point basis (Braun, Clarke, & Terry, 2014). As the data points valuable to the study had now been sorted into the distinct categories, it became apparent at this early stage, that disability and identity emerged as a strong additional theme during data analysis, and a fifth basic category was added to incorporate it into the data analysis.

With these initial basic themes in place serving as a first level of coding, these then helped the data to be arranged and managed into more organised constituent parts of the larger themes they represented; larger patterns of data that point to a shared core element represented by one of the five themes. Each theme was given its own document which contained all the relevant data points from transcriptions, including timestamps and names (which had already been anonymised by this point), and then initially grouped together by sample group.

These top-level basic themes proved useful for helping the second stage of coding take form. The second phase of coding involved more reading and rereading through the documents of the five initial themes line by line and assigning codes to each of the data points. The example below in figure[Figure 2, where a participant discusses the understanding of disability hate crime throughout his organisation, helps illustrate the process of data analysis.

3 Catarina	Catarina 00:05:25 I think we probably don't think of it as hate crime. Nobody uses that terminology. I had a case conference yesterday, and it was a young woman with a learning disability, who's lived in several different addresses and continually gets targeted. You don't really think of it as hate crime, but she is very vulnerable.	**Not used professional capacity** **Soft identification with term** **People with learning disabilities**

[Figure 2: Example 1 of transcription with coding]

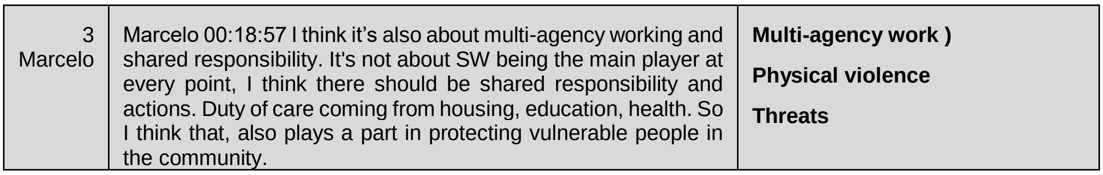
In this example from Catarina, a social worker, we can illustrate how coding took place. The left column shows who is talking in the data point, which sample they belong to (the number above the participants name represents the sample group the participant belongs to, in this case, the “3” represents social workers). The middle column shows the data point itself, along with the name of the speaker and a timecode, and the right column shows the codes it represents. This data point was initially coded yellow for its first, basic theme, as Catarina was talking about disability hate crime conceptually, with the codes added in the left column. During the second phase of coding, this extract would have been group amongst other data points bearing similarity to the topic under discussion, with this example being grouped into an organising theme of “Professional usage of [the] term” The final, basic codes in the right-hand columns helped add focus to the analysis, as time passed, and more codes were generated, it was then possible to start cross referencing different data points with others with similar codes from other data points, from the same sample group and with others, to help spot similarities, differences, and patterns. In another example below, we can see how Faith, a young woman with learning disabilities, recalling an experience from her youth, becomes coded and ultimately developed into a theme;

2 Faith	00:06:59 Faith: Well, a place where I used to stay, I used to stay in the hostel, and made my friend, was [name], we was walking down the road, and these kids went up doing that [makes punching gesture] to our faces, when we came in my lip was bleeding.	**Kids (historic)** **Physical violence** **Threats**

[Figure 3: Example 2 of transcription with coding]

Faith's data point here is first coded blue, as it relates to a disabled person's experience of a disability hate crime related experience. during the first phase of coding. During the second phase of coding, we can see that this is referring to an event involving kids making threats, with also a mention of physical violence. We can also make refer back to the original transcript by following the timecode listed, which helps put this data point into context (Braun & Clarke, 2013), as Faith is describing an event from many years ago, and as such, the coding can reflect that while this involves young people ("kids" being a frequent code), it is a historic event, and we can avoid mistaking this for a more recent incident involving kids threatening her as an adult.

In the final example below, Marcelo, a social worker, comments on multi-agency work. His data point is first coded grey, to illustrate that he is talking about social work practice, and then coded according to the more detailed parts of his extract;



3 Marcelo	Marcelo 00:18:57 I think it's also about multi-agency working and shared responsibility. It's not about SW being the main player at every point, I think there should be shared responsibility and actions. Duty of care coming from housing, education, health. So I think that, also plays a part in protecting vulnerable people in the community.	**Multi-agency work)** **Physical violence** **Threats**

[Figure 4: Example 3 of transcription with coding]

After this second stage, the third stage of coding involved distilling the initial quantity of codes into a more manageable amount of codes, in hopes of removing potential duplicated codes, and offering some clarity (Attride-Stirling, 2001). This process of streamlining the codes took the initial number of codes from 167 down to 130. With the 130 codes in place, these were then able to be rearranged so that matching codes could all be placed together.[18] These then would be arranged again to help find narratives, and themes from the small individual codes, which could contribute to a larger picture across a concept. These codes, stemming from the broad, first level themes, the second level (organising) themes, and the individual basic codes themselves, can be found on pages 280-285. Again, these were analysed to find patterns in the data, and it was common that interviews themselves would be revisited during this phase to ensure that the intended meaning behind a data point was being interpreted correctly (Attride-Stirling, 2001).

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[18] The full codebook can be found in the Appendices, on pages 285 to 290.

3.6 Ethics

As this study involved talking to individuals who may be asked to discuss (and to some extent, relive) potentially traumatic experiences, special consideration was given to ethical issues at all times to ensure that no further distress would be caused as a result of participation (Larsen & Berenbaum, 2014). This was to ensure the project met with the University of Strathclyde's ethics procedures, but was primarily to ensure that all participants were safe and subject to minimal risk and able to speak freely, without fear of being identified. The study has also followed the ethical guidelines set out by the Social Research Association (2003), whilst also utilising the extensive and useful work of ethical guidance for research involving disabled people published by Ireland's National Disability Authority (National Disability Authority, 2009), which was a useful resource throughout the study's data collection. Efforts were made to allow participants to speak without restraint about their employers, carers, staff, colleagues, friends, families, and even those who may have abused them in the past, in a comfortable and safe environment.

Ethical clearance was granted by the University of Strathclyde in early 2015, which allowed data collection, and participant recruitment to begin. This was subject to a delay of four months, as a result of a departmental absence in the University's ethics panel, which introduced an unexpected delay into the study. This ultimately led to an extension of the period allotted for data collection in an attempt to make up for this lost time. This delay has had a long-term effect on the study, as this unforeseen delay led to the study going past its expected completion date.

In an attempt to emphasise the study's ethical approach, Social Work Scotland was asked to endorse the study. This was hoped, to make approaches to local authorities a smoother, clearer, and easier process for all involved. While Social Work Scotland did give the study approval, unfortunately this did not have any impact on the study itself, with most local authority social work services requesting me to apply through internal committees and ethics panels.

These internal (local) ethics panels tended to be without incident, although they were often subjected to long periods of delay. One notable exception was the ethics committee of a large local authority who asked me to submit several proposals, forms, and even attend a brief interview with a council media panel before granting me access, although ultimately, this particular local authority eventually declined to take part.

In order to respect confidentiality and to preserve anonymity as far as possible, the names of all individuals within the study have been changed, as have all organisations from which participants were recruited. Places have also been pseudo-anonymised, with extra steps taken to ensure that any names, places, individuals, and organisations would not be easily identified (Sieber, 2009). The anonymity of all participants was stressed at all stages of recruitment and data collection. My own records, files, and notes were all also subjected to the same treatment.

It was also important to ensure that any participants with learning disabilities were capable of giving their informed consent. To ensure this, several measures were taken. No participants with learning disabilities were coerced into participating in any way (this is also true for all samples). Before beginning any interview with a participant with learning disabilities, I took extra care to ensure that I described my goals, aims, and objectives fully, while attempting to give as detailed as possible explanation as to what they, as a research participant would be consenting to (Arscott, Dagnan, & Kroese, 1998). Participants with learning disabilities were also made aware of how valuable their insight was before, during, and after interviews to help foster comfort, and attempt to build trust (Arscott et al., 1998). Consent for participants with learning disabilities was considered to be informed consent if the participant themselves, a member of staff from the service who had introduced us, and myself, were all in agreement that informed consent had been reached.

As this study involved talking to people about potentially traumatic experiences which may have upset participants, or caused them to become distressed, several measures were taken with this in mind. I stressed anonymity at all times, to avoid any fear participants may have had of reprisal. I also gave participants the right to bring a trusted person to the interview to support them if they were concerned about becoming upset at any time, such as a friend, family member, or even a member of staff from the service of which they were recruited (several participants did take this up). Interviews would also be paused for as long as a participant needed if they felt they needed a break, although no-one became upset during an interview, and so this was never utilised. The research questions themselves were also designed to place a minimum amount of stress or pressure on participants when discussing sensitive matters, while I tried to remind participants of their right to refuse questions without causing me any offence during interviews. I also offered participants a 4-week window of withdrawal at the close of each interview, where participants could contact me, and ask for any remarks they made to be redacted, or for the entire interview to be discarded if they wish. Again, no participants wished to do this, although some did ask for transcriptions of their interviews when available.

3.7 Limitations of the study

An obvious critique of the study is that participant numbers were lower than hoped for. This may be a shortcoming on my part, for I may not have adequately communicated the benefits of such a study properly to all participants, although similarly, I felt it important ethically not to try and coerce participants to take part if they declined to take part.

As a result, and as mentioned previously, this was attempted to be addressed by ensuring that interviews were as detailed as possible, focusing on quality over quantity, as it became apparent during early stages of recruitment that it would be a difficult process. I believe that while this was a successful strategy, the low number of participants may represent a possible shortcoming in the study for some, which may have been addressed had more time been available for wider, and more long-term recruitment.

There is also a possible issue regarding the motives of participants who decided to take part. As participation was entirely voluntary, there is a distinct possibility that participants from all cohorts, would be participants who would already have some level of engagement around disability hate crime as an issue, and would therefore have their own political and social motivations behind taking part. This may lead to data resulting in a skewed sample of participants who already held stronger convictions, than those participants who had little prior engagement, who may have offered a more neutral set of responses. Several participants who did feel that they were already significantly engaged with the topic on some level, did make mention of this themselves, however.

The second main critique of the study is that the voices of those who actually commit disability hate crimes and abuses is absent from the study. This is not unique to this study, and is a common omission from comparative studies in the area (Child, Oschwald, Curry, Hughes, & Powers, 2011; Hollomotz, 2013a; Martin et al., 2006; Northway et al., 2013; C. A. Rose & Monda-Amaya, 2012; C H Sin et al., 2009), where the most dominant voices represented are those service workers, staff, and victims themselves, with the views, and experiences of those who commit the actual acts are often reduced to limited media coverage, which tends to be more superficial, more resembling soundbites, and skims the surface of the issue (Morris, 2007; D. Rose, 2013).

This was not possible in this study for several factors. For instance, recruitment in this area would be incredibly difficult, as creating criteria for suitable participants for a sample group of "offenders" would be extremely difficult, if not impossible, to conceptualise fully. Participants may have needed to be recruited based on a criminal history, a suspected criminal history, or possibly by their own admission. Finding these individuals, presents a considerable challenge to a researcher. There is also a number of ethical considerations which would need to be considered here, as confidentiality working with offenders, and asking them specifically about illegal acts which they have committed in the past, would require a strategy to ensure that any such disclosures were dealt with appropriately and in line with relevant ethical guidelines and codes of practice.

As this was a three-year study, I do not think it would have been possible to successfully identify, recruit, and interview offenders themselves in the time available. However, I do believe that while this is a difficult area to explore, it is something that is sorely lacking in research into disability hate crime, and I remain hopeful that it will be explored with increasingly frequency in the coming years.

The methods of conducting this study were not without their challenges and frustrations. However, I believe that the data available, gathered from the study's participants, represent a strong and cohesive dataset. I believe that this study can serve as a good example of some the difficulties that a study researching social work, disability issues, and (disability) hate crimes may run into, as recruiting participants for the study proved far more difficult than initially expected, with the lack of time being a frequent barrier to participation, although in a study with far longer period of data collection, this may not be as significant a problem. , Thematic Analysis was chosen to best explore the raw data, while keeping with the methodological framework of Interpretative Phenomenological Analysis as outlined in the previous chapter, as Thematic Analysis works well with IPA's goals of understanding concepts from participants interpretation of concepts and events, both of which also link well with the Social Relational Model of disability.

3.8 The Participants

As mentioned above, the participants in the study have been split into three sample groups, one group for disabled people, one for social workers and social work staff, and a final group of non-social work staff who are involved in work with disabled people and/or social work. Pseudonyms are used throughout, with care taken to ensure that any identifiable information was removed.

3.8.1. Sample 1 – Disabled people

The participants with disabilities were recruited from local disabled peoples organisations, the only exception being Bruna, who was introduced to me via her social worker, who believed she would have some useful contributions to the study. This sample group consists of 15 individuals, most of whom were interviewed one on one, although two interviews with two participants present also took place. Of the 15 individuals spoken to, 12 self-identified as having learning disabilities, whereas 3 self-identified as having physical impairments, although some of the 12 participants with learning disabilities also had physical impairments, they tended to place more emphasis on their learning disability than their physical impairments. These were the only group of participants whom were asked to disclose their ages. The descriptions of these participants' impairments below are taken from their own words and definitions, unless otherwise stated

Name	**Information**
Amy, 30s	Amy has learning disabilities, and speech impairment. She lives in a large metropolitan area. Amy is particularly shy and sensitive around her speech and communication can be difficult for her as a result.

Andressa, 50s	Andressa has mild learning disabilities, and uses an assisted wheelchair for mobility. She lives with her son in a large metropolitan community, and is actively engaged with local disability issues.
Bruna, 20s	Bruna has had spina bifida from birth, has epilepsy, and has used a wheelchair all her life. She lives independently on her own in a small town. She describes herself as something of an activist, and was the most politically active participant in her sample.
Clara, 50s	Clara has mild learning disabilities. She has been living in a suburban community in sheltered accommodation for several years.
Faith, age not given.	Faith has a learning disability and problems with her memory. Faith did not want to disclose her age. She lives alone with her cat in supported accommodation, within a large metropolitan area.
Isaac, 40s	Isaac has learning disabilities and a speech impediment. He lives in supported accommodation in the suburbs of a large metropolitan area.
João, 20s	João has moderate learning disabilities, but isn’t sure how to define them, but has some trouble with his speech. He lives with his parents in a large metropolitan community.
Juliana, 20s	Juliana has spina bifida and epilepsy. She uses a wheelchair. She lives with her family in the outskirts of a large metropolitan area.

Kevin, 30s	Kevin is a man with learning disabilities living in a large metropolitan area. He identifies as having learning disabilities, and has difficulty understanding and remembering things. He self identifies as being politically engaged around the issues of disability hate crime.
Lucas, 20s	Lucas is the only student in this sample group. He has neurological issues, which can periodically affect his mobility, coordination, and sight. He occasionally uses an identification cane when his eyesight is bad. He lives with his family in a large town.
Sergio, 30s	Sergio has mild learning disabilities, and has problems balancing due to a childhood illness. He lives in a small community with his parents and two younger siblings.
Simon, 30s	Simon describes himself as having a “low-level learning disability”. He lives in sheltered housing in a small suburban town.
Teo, 30s	Teo has mild to learning disabilities. He lives with in a rural community with his Mum and siblings. He describes himself as a disability activist.
Thiago, 50s	Thiago has learning disabilities and epilepsy. He lives with his Mum in the outskirts of a large metropolitan area. He believes he doesn’t get out much, but spends a lot of time at a local community centre. He can be quite combative, and got into a fight with another service user during our interview.
Tina, 20s	Tina is a young woman who has learning disabilities. She says she has problems mixing up her words. She lives in a large

	metropolitan area in a house with her husband, who also has learning disabilities, and their cat.

3.8.2. Sample 2 – Social workers and social work staff

The social work staff interviewed represents various configurations of staff arrangements for the provision of social work for adults across the country. This includes community care, adult service, and learning disability teams.

Name	**Information**
Adriana	Adriana is a social worker working in an older people’s support team. She has previously worked in adult protection, and in a children and families team. She practices in a large, mostly urban local authority area.
Alícia	Alícia works in a mental health team in a geographically large, semi-rural local authority. She works frequently with adults who have been victims of neglect.
Bárbara	Bárbara is a social worker with some experience working with disabled people, who currently works in Criminal Justice. She practices in a large, mostly rural local authority area.
Beatriz	Beatriz is a social worker who works in Criminal Justice. She does not have much direct experience working with disabled people, but asked to participate as a guest in another interview to learn more about the disability hate crime topic. She works in a large, mostly rural local authority area.
Catarina	Catarina is a social worker who works with vulnerable adults. She practices in a large, mostly rural local authority area.

Claúdia	Claúdia is a social worker working in a Mental Health team. She currently supports individuals with learning disabilities as part of the Mental Health team's remit. She practices in a large, mostly rural local authority area.
Daniella	Daniella is a social worker currently working in an Adult Care team. Daniella considers herself somewhat of a rebel in what she describes as being a very traditional, conservative, large rural local authority.
Estela	Estela is a social worker currently working with young people, and people with learning disabilities. She practices in a large, mostly rural local authority area.
Gabriela	Gabriela is a mental health social worker working within a Community Mental Health team. Her work emphasises support and empowerment, as well as taking the lead in social work cases related to mental health and Adult, Support and Protection cases. She works in a medium sized suburban local authority.
Guilherme	Guilherme is a social worker currently working in substance abuse. He practices in a large, mostly rural local authority area.
Jessica	Jessica is a social worker who has predominantly worked in mental health teams. She practices in a large, mostly urban local authority area.
Jorge	Jorge is a social worker who works in a physical impairments team in a large local authority area.
Karla	Karla is a social worker who is currently the coordinator of Adult Protection in her local authority. She has been active in

	her local area in promoting awareness of disability hate crimes and abuses. Her local authority is a medium sized, predominantly urban area.
Lana	Lana is a social worker currently working in a small suburban local authority, where she is a care manager in charge of adults with learning and physical impairments. She is a relative newcomer, having graduated and taken up practice within the past five years.
Marcelo	Marcelo is a social worker currently working in a Community Care team. He works with many individuals with mental health issues, and disabilities. He practices in a large, mostly rural local authority area.
Marta	Marta is a social worker who works in a Children and Families team. She does not have much direct experience working with disabled people. She asked to sit in on another participants' interview and offered comment where available. She works in in large, mostly rural local authority area.
May	May is the director of her local authority's Adult Support and Protection team. She sits on the local Adult Support and Protection committee, and is involved in a local awareness programs for adult protection, including some work on disability hate crime. She works in a small suburban local authority.
Vanessa	Vanessa is a social worker who works predominantly in Adult Protection. She practices in geographically a large, semi-rural local authority.

3.8.3. Sample 3 – Non-social work service staff

The members of the final sample group were staff members of local disabled people's organisations, and care services fulfilling various roles in their communities and organisations.

Name	Information
Abby	Abby is a development worker for a local branch of a national disabled people's organisation. Her role involves advocacy, support, and she has been working in collaboration with service users on anti-disability-hate crime programs.
Andreas	Andreas is the service manager for a local branch of a national charitable organisation, which helps support individuals with disabilities, mental health issues, drug issues, and homelessness. Andreas' main role involves directing support of local disabled people in his community. Some of his work is conducted in collaboration with local social workers.
Eduardo	Eduardo is a service manager for a local branch of a national organisation supporting disabled adults in their communities. He works with adults with learning disabilities and those on the autistic spectrum.
Felipe	Felipe is a manager in a local organisation supporting, and advocating for adults with disabilities and impairments throughout a large rural local authority. He also assists in overseeing auditing of care homes and social care services.
Gloria	Gloria is a support worker at a small local service, who supports victims of crime during trials and legal proceedings.

Gregor	Gregor is an advocacy worker in a large metropolitan area, who works predominantly with young adults with mental health issues, learning disabilities and physical impairments.
Julia	Julia is a support worker at a local care service in her community. She is also currently studying for her degree in social work, and hopes to become a social worker.
Katie	Katie is an advocacy worker in a large metropolitan area, who works predominantly with young adults with mental health issues, learning disabilities and physical impairments.
Kim	Kim is a development worker for a local branch of a national disabled people’s organisation. Her role involves advocacy, and support provision, and she has been working in collaboration with service users on anti-disability-hate crime programs.
Sven	Sven is the director of a nationwide disability hate crime organisation. Sven is disabled himself, and has been a recipient of disability hate crime. He works to raise awareness and discussion of the issue in wider spheres.

4. Findings Part 1: Definitions, engagement, and identity

The aim of the following chapter, is to explore the concept of disability hate crime by presenting data on the different perspectives and understandings of this held by the study's participants on what disability hate crime looks like to them, and how this relates to other aspects of the issue conceptually, such as how disability hate crime links to disability identity. The chapter explores these conceptual issues, making extensive use of data discussing the different understandings of disability hate crime currently being used, and how these can drastically shape how individuals, and services, engage, and relate to disability hate crime in practice. Analysis of the data collected has highlighted that there is still much contention over of what exactly is (and is not) a disability hate crime across all samples, and even, who can and cannot be affected is a sensitive topic for some. Identity issues relating to how disabled people's own views of themselves as disabled people, were also seen to play an important element in this regard, as how strongly a person identifies themselves as a disabled person, can also have a profound effect on their engagement with the concept itself.

4.1 Understanding of the term

While the usage of disability hate crime as a term has been championed by some disability activists, (Chakraborti & Garland, 2012; Emerson, 2013; Quarmby, 2011; Ralph et al., 2016), its usage in practice for policy makers, social workers, care practitioners, and importantly, for disabled people themselves, remains difficult. Defining what "is" a disability-hate crime, and what "is not", based on the testimonies and opinions of the participants of this study alone would be extremely difficult, as participants' own definitions of "what a disability hate crime is", and "what is not a disability hate crime," were often loose, flexible, occasionally contradictory and extremely varied. There is currently no legal definition of disability hate crime in Scotland, and as a result discussing malicious acts experienced by disabled people in terms of disability hate crime, can vary in interpretation. This lack of a commonly used, widely accepted definition, has resulted in usage of the term being inconsistent, and highly open to interpretation in practice. For the participants in the study, these interpretations, can be varied, and often quite unspecific:

> *It's [means] loads of stuff really doesn't it? Like bullying and that. People doing things to you that they shouldn't, because they think they're better than you.*
> *(Teo, learning disabilities)*

> *They think we're stupid. I don't like it. I've heard about disability hate crime a lot, yeah. I don't like what it means though, we should be treated with respect. Some people says stuff to us that makes us not come out of our houses. I'm hoping people change and wisen up.*
> *(Andressa, learning disabilities)*

> *They think they're the boss of us! They think we're stupid and that. People just think they can…...because we're disabled. That's what disability hate crime is, I think.*
> *(João, learning disabilities)*

Participants with learning disabilities were the most vocal about using disability hate crime when describing malicious acts towards them, although some did switch back and forth between disability hate crime and "bullying". It should be pointed out, that several of the individuals with learning difficulties spoken to, were involved in local activist projects relating to disability hate crime, and as such, had more developed ideas about the concept than others spoken to, something which may have skewed the representativeness of their data. These ideas had come from their involvement in local social work and third sector services who were engaged in local projects around disability hate crime and had been keen to include local disabled people who had been affected. In contrast, physically impaired participants who were not involved in such schemes, tended to have a less developed understanding of disability hate crime, although most were aware of the term to some degree.

> *I know that it's…it can be like any form, like, physical, emotional, it can, like neurological, it can be anything, right?*

(Lucas, physical impairments)

> *It's like people havin' a go at people like us, and things like that. That's it, something like that, isn't it?*

(Thiago, learning disabilities)

Participants from the social work and non-social work service sample groups tended to be more specific and consistent when talking about their understandings and definitions of disability hate crime. Some made mention of the Offences (Aggravation by Prejudice) (Scotland) Act (2009), or to the Adult Support and Protection (Scotland) Act (2007) specifically, with knowledge and awareness of the ASPSA was high amongst the social workers interviewed. For most of the social workers, their conceptual understanding of disability hate crime was strongly linked to the policies outlined in the ASPSA which may not be surprising, given their legal mandate and duties set out within the Act. The ASPSA also has been interpreted by social workers as focusing on the act(s) of harm first, rather than focusing on disability, something in keeping with the social model of disability:

> *[the] Adult Support and Protection [Scotland] Act talks about adults at risk of harm rather than focusing on the person's disability, it talks about the harm. So that's the terminology that's used there, but I was asked to take part on a consultation on hate crime, and I don't think the links are well made between hate crime legislation and the Adult Support and Protection legislation. Hate crime [legislation] takes care of the criminality element, but it doesn't make any links to ASP.*
> *(Estela, social worker.*

Estela’s final point also hints at how two pieces of legislation which on paper, should cover a similar area, are leaving gaps in practice. Gaps in adult protection policy becoming gaps in adult protection practice, may allow potentially vulnerable people to simply fall between the cracks, and possibly even create more vulnerability as a result.

There was a sense of worry amongst some social workers, and other support staff who work with disabled people, that the label of disability hate crime may be confused and contested further by some of their service users who have adopted the term with great enthusiasm, by applying the concept to minor indiscretions, that may stretch the credibility and usefulness of the term. However, there was no desire to abandon the term amongst social workers. Instead, it was hoped that some sort of consensus could be reached between service providers, disabled people, and policy-makers as to what disability hate crimes are and are not, so that it can be used as a platform to build service provision around, rather than have it fall into a long debate over terminology, whilst also ensuring that those who need to access services and support, do not feel excluded or unable to access available support if needed:

> *There's a lot of potential in the term, at least. There's a lot of what might be classified as hate crime that goes unreported, or it's camouflaged because it's hidden behind other issues. But that'll only emerge through time, perhaps. As people begin to get more confident about identifying, self-identifying or it being identified by other people.*
> *(Jim, social worker)*

> *For some disabled people, the biggest single barriers to reporting disability hate crimes are the words themselves, "hate", and "crime". Because many disabled people don't associate what happens to them as being "hate" of them, it's "extreme discrimination". And what is a "crime"? Well, "no, it's something I live with because I'm a disabled person". Sometimes it's quite difficult to make people recognise the fact that if you do get certain types of incidents, you can do something about it.*
> *(Sven third sector organisation manager)*

> *To be honest, if it [using the term disability hate crime] helps, then I'm all for it. We've seen good results so far from it, but we just need more awareness of what's happening. As long as that gets out, I'm not really fussed what we call it.*
> *(Kim, support worker)*

Adoption and use of the term in social work services, was varied. While the terminology of disability hate crime was used across numerous social work and support services spoken to in the study, the use of the term was almost exclusively utilised as a means of raising awareness of disability hate crime amongst service users. Some services, such as Karla's and May's, have both produced DVDs for their local communities raising awareness of disability hate crime, for training of staff, and also wider awareness raising in schools, disabled people's organisations and third sector services, and have had great success through using the term.

> *The DVDs, there's the DVDs with the 10 scenarios in it, but in the end, we give it to folk. You can use it as an advert, they're going to be using them in cinema screens and*

> *in the council buildings. It gives you a scenario, but it also gives you a bit of resolution. "I spoke to the police", "I spoke to my support worker", "I spoke to the GP", or "I spoke to my nurse", or whatever, and then it tells you a wee bit, "there was lots of meetings, blah blah blah, and it's all sorted out now", and it gives a wee bit of a happier ending [laughs].*
> *(May, social worker)*

However, in terms of practice, disability hate crime does not appear to have been very broadly utilised:

> *I think we probably don't think of it as hate crime. Nobody uses that terminology. I had a case conference yesterday, and it was a young woman with a learning disability, who's lived in several different addresses and continually gets targeted. You don't really think of it as hate crime, but she is very vulnerable.*
> *(Catarina, social worker)*

> *I don't think it's "hate" in the sense that...like racist hate? Or homophobic hatred or anything of that nature. I think it's more opportunistic.*
> *(Jorge, social worker)*

It is important to note that while Catarina and Jorge both did not use the terminology of disability hate crime, they, and their respective services, in accordance to the Adult Support and Protection Act, still fully recognised that aggressive acts and abuses against disabled adults be considered a serious matter, despite how the act is conceptualised or whether any possible prejudices motivated the acts. This is an important distinction to make, as the social workers spoken to tended to recognise the legal limitations of referring to something as a disability hate crime, and seemed to use caution when practicing, instead tending to focus on the known policies and procedures, often referencing the Adult Support and Protection Act, or the Adults with Incapacity Act, as the most appropriate legislative framework for dealing with such issues. The social workers spoken to expressed hope that by raising awareness of abusive acts towards disabled people under the disability hate crime label, this may in turn lead to increased reporting of incidences more quickly than they are currently. While social workers may feel less strongly towards the concept and usage of disability hate crime as a term, this should not be confused with a lack of effort, care, commitment, and interest to improving the lives of those affected.

> *The issues are the same, no matter what we call it. It's still happening. That's what we're trying stop. Whatever helps us to work in that area, it can be called whatever helps us do that.*
> *(Claúdia, social worker)*

Of all sample groups spoken to, social workers had the most pragmatic view about disability hate crime as a concept, with Claúdia's quote demonstrating the most explicit example of the mind-set common amongst the social workers, who were far more concerned with how to practically address the problem, regardless of how it is referred to or conceptualised. This contrasts somewhat with several of the disabled people in the study, who while obviously putting great importance on how issues around disability abuses and hate crimes can (and should) be addressed, with a minority of the disabled participants (albeit, a vocal one) also expressing a strong desire to be able to set the "rules" governing the concept before it is used in practice. Such rules might include such deciding who can and cannot be a victim of disabled hate crime, who gets to identify an incident as a disability hate crime, and importantly, the severity of punishment(s) to aggressors.

The non-social work service staff interviewed, expressed sympathy with the desires of disabled people to set their own terms for the concept, but also agreed strongly with the social workers' notions of addressing the problem, rather than simply defining it. For them, they seemed to have a more holistic view about the shortcomings of the concept of disability hate crime in its current state, both in terms of how it has been adopted by some disabled people, and its policy limitations, while there were often expressions of its use as a way of raising awareness, and educating people so that they can understand that acts of abuse, hostility, or disability hate crime should not be inevitable, or acceptable:

> *The battle, basically, is trying to get disabled people to understand the issue of disability hate crime. Sometimes it's trying to convince people that they've been victims of a hate crime, but even my own definitions change day by day.*
> *(Sven, third sector organisation manager)*

> *I think you only break these things down with education, y'know? And you're only going to educate people if they're aware of it. So, it's got to be out there. And using a word like "hate", it's quite strong, but I think it gives it the credibility it deserves. I suppose I want people to react to it, understand it, and continue to educate people to break it down.*
>
> *(Eduardo, support service manager)*

4.2 Disability, identity and hate crime

A recurring finding of the study suggests that disabled people who had learning disabilities, tended to place a much higher emphasis on disability hate crime as a concept, than those spoken to with physical impairments. This may be attributable to several of the participants with learning disabilities being involved in local disability hate crime activism, specifically, focusing around the term and concept of disability hate crime, where none of the participants with physical impairments were similarly involved in such activism. One participant, Bruna, a wheelchair user, was an active campaigner for disability rights, but she had not been involved in any activism related to disability hate crime. This distinction between disability activism around disability hate crime where disabled people with learning disabilities are more actively involved than those with physical impairments is an important one. In addition to lack of activism, discussions with participants with physical impairments, suggested something of a reluctance to attribute abusive experiences as possible disability hate crimes. Lucas, a young man with neurological issues who sometimes uses a visibility cane when his eyesight is bad, explains:

> *I suppose if something pretty bad happened to me, if I was robbed or mugged maybe, my first thought wouldn't be "oh, that's a disability hate crime". I'd just be thinking of it as a crime really.*
>
> *(Lucas, physical impairments)*
>
> *I know sometimes I have been affected because of my disability, but generally, I think when something happens, I'm not thinking of it as if "this wouldn't happen to a person without disabilities", so that makes me think, no, I wouldn't really be thinking about disability hate crime too much.*
>
> *(Bruna, physical impairments)*

Similarly, to the social workers interviewed (who were more pragmatic about use of the term and the concept) participants with physical impairments did not appear to feel, or attempt to claim any exclusive ownership of the concept. This may be due a possible lesser level of vulnerability amongst those with physical impairments compared to those with learning disabilities, where the need, and/or desire may be felt more strongly. There was a sense of hesitation towards adopting disability hate crime amongst participants with physical impairments, with much more distinction between abuses as more general crimes, and disability hate crimes. The concept of disability hate crime was seen to have positive and negative implications for participants with physical impairments such as Juliana, a young woman who uses a wheelchair, was unsure about whether disability hate crime would fit everyone equally:

> *I mean, if it gets people to talk about some of the things we go through, that's great. But I don't know if it's really for everyone.*
> *(Juliana, physical impairments)*

This may be in part due to how an individual manages their identity as a disabled person (Watson, 2002). For some participants with learning disabilities in the study, such as Teo, Kevin, and Thiago (who all held strong views about disability hate crime), their disability was a core part of their identity. This contrasts with participants such as Bruna and Lucas (both with physical impairments, but no learning disabilities), who felt that they were lots of things, including disabled, but disability itself, was not the primary feature of their identity.

Raising awareness was often cited as the most positive aspect of the concept of disability hate crime by the participants with physical impairments, however, there was also a common expression of how disability itself, was not one of the most pertinent parts of their identity, and therefore there was a concern that if they started adopting general crimes as disability hate crimes, they may actually need to engage with disability as part of their identity to a level that they were not entirely comfortable with:

> *[it] actually makes me so glad, and very happy that I'm not…. when my disability isn't somebody's top priority, or my condition, or what I've been through or whatever it is. It isn't somebody's main focus. I'm a lot of other things. That's who I think I am.*
> *(Lucas, physical impairments)*

While none of these participants with physical impairments believed that they were not disabled or impaired, they tended to place it as a relatively small part of their identity makeup compared to other aspects of their identities, and personalities(Watson, 2002).

This is in stark contrast to the majority of the participants with learning disabilities interviewed, who conversely stated with pride that they were disabled people, and often giving the impression that their identity as disabled people was important to them, and something others should be respectful of. From discussions with third sector organisations, this type of thinking was believed to be from a rejection of negative historical connotations disability, and a reframing and empowerment of disabled identities, as it was said to be common for many service users having negative experiences as children and teenagers as a result of their disabilities, bearing some semblance to self-advocacy movements which have been emerging since the early 2000s (Goodley, 2005; Test, Fowler, Wood, Brewer, & Eddy, 2005), and how former psychiatric patients have reclaimed control over their treatment and identity as part of the Mad Studies movement (Costa, 2014; LeFrançois, Menzies, & Reaume, 2013). This new positive identification as a disabled person appears to be something new for participants with learning disabilities, several of whom made mention that they no longer needed to be ashamed of their disability or who they are, and expressed sentiments of empowerment based on their more recent experiences with activism, or working with supportive third-sector organisations, wherein the previously stigmatised "disabled" identity, is reclaimed and championed in a positive light. Moving from the shame and stigmatisation of a disabled identity, to one of confidence, empowerment and pride marks a positive step forward for those who engage with a new disabled identity. It also appears to have manifest itself in some exclusionary attitudes towards people with other forms of disability. Participants in all samples were asked who they felt were affected by disability hate crimes. The responses from social workers and non-social work service workers, tended to be quite similar:

> *It's a broad church, but I imagine it'd include people with physical impairments, people with learning disabilities, maybe those with mental health issues, if they were comfortable with it. Even people who are…. temporarily disabled? Recovering from accidents and things? Yeah, I think it could affect quite a lot.*
> *(Gabriella, social worker)*

> *Um, I would say…. people with learning disabilities, or physical, blind people, y'know, like sensory stuff? I suppose it really depends on the person who's being affected, but if you're asking me, I'd say those kinds of people.*
> *(Andreas, 3rd sector service manager)*

The views of disabled people with physical impairments also bore a strong resemblance to social workers and non-social work service staff:

> *I guess I would have to say people with disabilities. Or is that too obvious? [laughs] Well, people like myself, in wheelchairs, or who use crutches or walkers, those types of things, but people who've got mental issues too? Or learning disabilities? Probably all of those things I think*
> *(Juliana, physically impairments)*
>
> .

This contrasts with participants with learning disabilities, who tended to have a narrower view of who could be targeted by disability hate crime:

> *It happens to people with learning disabilities. People like me.*
> *(Teo, learning disabilities)*

At this point in the interview, I did not read much into Teo's comment, believing it to be a throwaway line. However, later in our interview, when discussing what he would like to see happen in the future regarding disability hate crime, his focus remained very much on people with learning disabilities as victims of hate crime:

> *Teo: It annoys me when I see other people trying to take it [discussions around disability hate crime] over. If it's going to really work, we need to be involved; we shouldn't be pushed out to the side. It needs to be about*

disabled people. I've been at events where there've been people in wheelchairs just talking away about it, and I'm like…" what are they doing here? It's not meant to be about them"

Chris: *People in wheelchairs? I'm not sure I follow. What do you mean by "what are they doing here?"*

Teo: *Well it's not about them, is it? They're not disabled. It's not disability hate crime for them.*

Teo voiced these sentiments most explicitly, but there appeared to be a surprising amount of consensus amongst participants with learning disabilities in relation to who is predominantly affected by disability hate crime, and even who should be considered as disabled. There was some degree of resentment amongst participants with learning disabilities to those without learning disabilities, disabled or not, which is difficult to explain, although it is an interesting inversion on Deal's views of a hierarchy of disability (Deal, 2003) where those with learning disabilities, tended to reside at the bottom of theoretical hierarchies of disability. It may be possible that some people's understanding of "disability" is based around learning disability(s) specifically, as opposed to people with physical impairments, which may explain attitudes such as Teo's, or it also may be representative of a perceived difference between communication ability which could potentially make people with learning disabilities more vulnerable, or more discriminated against:

> *It's hard for us to talk sometimes. You try talking to [name of local policeman] and he doesn't understand you always. Other folks don't have that problem, and it's not fair. Peoples who can talk easier have an easier go of it than us.*
> *(Kevin, learning disabilities)*

There was a sense amongst participants with learning disabilities that they were felt that they were "more disabled" than those with other impairments, and as such, should be given greater levity when discussing or contributing to disability issues. It is possible that this represents a fear that they may be excluded from discussions on issues that they are extremely passionate about, by individuals who may have fewer communication difficulties than them, as Kevin (above) has hinted at, although it remains difficult to fully ascertain where this resentment towards disabled people without learning disabilities comes from.

As mentioned earlier, those with learning disabilities tended to view themselves as disabled more readily than those with physical impairments. In addition, they were also very protective of their own categorisations and definitions of disability. This often seemed to be based upon recent emancipatory efforts by non-social work services who had been working alongside them, who were making concerted, and laudable efforts, to promote empowerment by reclaiming learning disability as a positive feature of identity, something which should inspire pride. In one area, learning disabled individuals had been engaging in community projects in local schools raising issues about learning disability and disability hate crimes with the help of local third sector services. This project not only seemed to benefit local schools in the area, but had helped foster high levels of confidence and pride in the people with disabilities involved. Participants with physical impairments suggested that they had accepted their disability much earlier in life, and as such, had spent far more time pursuing other interests and goals, giving them a different locus of identity, and, as a result they felt less concerned about perceived attacks on the disability aspect of their identity.

There was a far greater desire to engage with disability orientated services and issues present amongst those with learning disabilities, compared to those with physical impairments, who appeared more likely and keen to engage with non-disabled services and activities where possible, creating something of a social barrier between the two groups, despite many services from social work or the third sector, being open to both.

The relative lack of engagement within disability related services and organisations from individuals with physical impairments had not gone unnoticed by those with learning disabilities:

> *Look around here, look at this place [third sector service] we're sitting in. Most of the people here have learning disabilities.*
> *(Thiago, learning disabilities)*

> *I'm involved in a lot of things; I've been in the paper. I've been to the Scottish Parliament talking about disability hate crime. I don't see people without learning disabilities there. It's just me and people like me*
> *(Kevin, learning disabilities).*

This led to some resentment amongst participants who made mention of the lack of physically impaired people. They did not appear to feel any sense of kinship or community with individuals with different types of disabilities, or that issues such as disability hate crime would be helped with the collaboration of all disability people. Part of this may be attributed to a protectiveness felt over the issue at a conceptual level by some people with learning disabilities, who may be wary of people who are different to them taking the concept away from them, perhaps due to a perceived lack of power on their part. Teo, who had strong views as to who "was" and who "wasn't" disabled, felt strongly about having people without disabilities, and even people with only physical impairments, trying to join discussions about disability issues:

> *All these people annoy me. People who make fun of us, people who try and tell us what to do. People who don't like us. There's lots of them. These "non-disabled wankers" need to wisen up and listen to us about what to do and what not to do. Who knows better about it all than us?*
> *(Teo, learning disabilities)*

4.3 Disability hate crime and empowerment

While the term disability hate crime itself has given a degree of confidence, empowerment, and to some extent, emancipation to those who feel that they have had to suffer at the hands of others, based on prejudiced against their disabilities, the relatively loose and open to interpretation nature of the term does open it up to some discussions about difficult events and activities. When interviewing Teo, a young man with learning difficulties about his experiences of disability hate crime, he demonstrated that he had been active in his local community for several years, after first coming across the term at a local service for disabled adults. Like many people his age with learning difficulties, Teo had been bullied at school, and his experiences of harassment had continued well into his adult life. Teo's discovery and raised awareness of disability hate crime, had given him a new sense of empowerment, and gave him the confidence to believe that the harassment that he endured was wrong, and should be stopped. I asked Teo if he would elaborate on some of the recent events that he would describe as disability hate crimes:

> *Hate crimes? I've had loads of stuff, ken? I've had people calling me names in the street a lot, I had some guy try to hit me once years ago, kids messing with me when I'm getting the bus, someone threw a brick at my door and ran away, last week there I was going into the shopping centre and someone didn't hold a door open for me, I've had taxis drive right past me when I'm trying to cadge a lift….*
> *(Teo, learning disabilities)*

Most of what Teo described above, I believe, could comfortably fit in with most other participants' definitions of a disability hate crime, with the exception of his last point when someone didn't hold a door open for him when he was entering a shopping centre. I asked Teo to clarify his comments after this exchange, and he answered that everything he mentioned, was a hate crime against him, specifically as a result of his learning disabilities.

It is difficult to determine Teo's experience of someone not holding a door open for him was with malicious in intent and whether it should be considered a disability hate crime without bearing witness to it. It is however possible, that this act may have been carried out in an unnecessarily aggressive manner, but upon talking to Teo, it seems likely this was an act of rudeness, (if not an accident), committed by another member of the public.

Teo's empowerment, and newfound confidence to challenge discrimination and harassment in his life, as well as his commitment to activism, are all to be lauded, but similarly, he is now in a position, where almost anything negative he experiences can be understood to be a disability hate crime. This is out of step with both the Offences (Aggravation by Prejudice) (Scotland) Act (2009), and the Adult Support and Protection (Scotland) Act (2007), but it exists very strongly in Teo's mind. While interviewing participants with disabilities, I made an effort to use whatever language they were comfortable with to describe their negative experiences, be it bullying, disability hate crime, or abuse, although, I would start to use a different word once or twice later in the interview to see if this was picked up on. Teo, was the only participant to notice me doing this, and the only participant to stop and correct me:

> *"No, it's not "bullying". They're "hate crimes."*
> *(Teo, learning disabilities)*

While Teo was by far the most protective, and forceful over disability hate crime as a term, along with its definitions, there was a common sentiment expressed particularly by those with learning disabilities to view disability hate crime as an answer to the abuse they had long experienced, one which could explain, challenge, and be used to talk about their abusive experiences, and importantly, to lend legitimacy to complaints which may have fallen on deaf ears for years. While this is a positive for those affected by disability hate crimes, it does have its limits. It appears that disability hate crime is seen as something of a catch all way to understand and respond to many different problems. This was expressed with a particular emphasis placed on an individual's disability, by several in the disabled people sample group, wherein abusive acts were now seen as criminal acts, based on prejudice against disability or disabled people, and therefore, those guilty of such acts, should be punishable by law. Greater punishment for offenders was one of the more common desires across the disabled sample group.

While most of the abuse experiences recounted to me during interviews with participants in the sample of disabled people were acts that could be considered criminal acts regardless of any element of disability or prejudicial basis, such as; theft; physical abuse; and intimidation; the desire from many of the disabled people spoken to, was for hostile acts that occurred to them and other disabled people, to be considered for harsher punishment, and sentencing, than a comparable crime to that of a non-disabled person.

However, the Offences (Aggravation by Prejudice) Act, and the Adult Support and Protection Act, (the two legislative acts in Scotland which come closest to representing hate crime laws as they exist in the minds of the study's participants), do not stretch to the lengths desired by many of the study's disabled participants, who were more concerned with punishment of possible aggressors. As such, there is a danger that this disparity between the ideal and the current reality (as reflected in legislation), may dissuade services users affected by disability hate crimes from further from engaging with their local social and police services as they might feel that their experiences are not treated with sufficient severity. This represents a recurring theme of disabled people's lack of faith in their local services to help them times of need, something which is explored in more detail on page 178**Error! Bookmark not defined.**.

The use of the concept of disability hate crime was shown to be potential force of potential empowerment for individuals who have felt victimised throughout their lives. Through the concept of disability hate crime, such victims can challenge their abusers, which is supplemented by the more ideological notion that disability hate crime is something that disabled people themselves can take ownership of as a concept. For several participants, specifically, those who had become involved in local activism and awareness around the subject of disability hate crime, there was a strong sense of ownership and pride over the term, which seemed to contribute to their confidence.

> *It's like ours, it's no one telling us what to do. We're the ones affected by it, so it's good that we're the ones who're telling people what it is, instead of people telling us. People have been telling us stuff about ourselves our whole lives.*
> *(Kevin, learning disabilities)*

Sentiments like Kevin's, express how the approach taken to disability hate crime by some services and service users, have enabled some adults with disabilities to take control directly over an issue they feel strongly affected by. This appears to be in stark contrast to previous experiences in some participants' lives, where experts, family members, doctors, social workers, care workers, friends, and others, were been felt to hold exclusive power over how people with disabilities should see themselves, and by extension, how their world is shaped. This may be attributed in part to labelling, which, in the case of the label "learning disability" can carry negative connotations (see for example, Ho, 2004). People who have been ascribed the label of "learning disability" may not always feel able to reject this (Shifrer, 2013; V. Williams, Swift, & Mason, 2015). This was felt to have a significant impact on participants' lives, and while participants who referred to themselves in such a way were comfortable with the term and its use, it is interesting to note that for some this label represented a deterministic element of their lives over which they had little to no influence over.

In contrast, the idea of disability hate crime, a new concept, was something which many participants not only felt affected their lives, but also, was a concept that they were able (and often encouraged) to take ownership of, (as many were introduced to the topic via local disabled peoples organisations and services they were involved in, or from their local social work service), with the concept being broached in an emancipatory, and liberating context and embraced by some participants, helping them to understand and make sense of some of the oppression and discrimination they had faced since their childhood. This is exemplified by Teo's adoption of disability hate crime as an explanatory factor for the negative events he had experienced. Discussion with participants also revealed that disability hate crime can be used as a conceptually different framework to help redefine their own intrinsic understanding of disability, who is disabled, and who is not. For example, Kevin, who engages with the concept of disability hate crime so much, that he has become a local activist for the issue, had very strong opinions on who can and more importantly, who *cannot* be affected by disability hate crime. Kevin, who has learning disabilities, had quite strict criteria for inclusion:

> *Chris:* *Who do you think are affected most by disability hate crimes?*
>
> *Kevin:* *People with learning disabilities. Us.*
>
> *Chris:* *What about people with impairments, who don't have learning disabilities, do you think they….*
>
> *Kevin:* *They're not affected, they're just…. people, ken? They've not got anything to do with disability hate crime. It's about* us. *No[t] other people.*

Kevin's view of people without learning disabilities as being non-disabled is linked to his own ideas as to who is susceptible to disability hate crimes, and who may be offered support as a result. He was one of the more vocal participants to have an exclusionary slant to his activism, where for him, disability, primarily represented learning disability, and this would take precedence over a physically impaired person without any learning disabilities. This may be representative of the power of labelling as mentioned above, as several participants with learning disabilities were keen to ensure that they had priority, and even exclusivity in determining the parameters of what disability hate crime looks like, and how it should be handled. At times, this exclusionary theme felt very strong, particularly amongst participants with learning disabilities, where there was a strong feeling evident that this was "their law", a law for them, and not something they welcomed other people (including people with different forms of impairments) having a say over.

Almost all participants with learning disabilities felt that acts of aggression and abuses, be they disability hate crimes or not, should be treated with more seriousness, and treated more harshly than comparable acts against non-disabled people. At the moment, none of the participants in the study have had experience of this being put into practice, yet still feel supportive of the term as a concept, especially amongst those who are being supported and encouraged to be prominent voices in their communities on the topic.

4.4 Understandings of disability hate crime in social work practice

Every social worker interviewed, was asked to give a definition of "disability", in his or her own words. All social workers interviewed, held definitions more akin to the Social Model, or Social Relational Model of disability, rather than any medical or tragedy-based models. The collective view from the group tended to revolve far more around social and environmental barriers as opposed to definitions stemming from medical conditions, although there was a reluctance to ignore the corporeal element, much akin to the Social Relational Model of disability. They also stressed the importance of allowing disabled service users to define themselves in whichever way they see fit, and for their services and practice, to be reflexive in response:

> *I think that people are disabled by their environment rather than by anything that's wrong, or different about them. So, people's attitudes and physical environments, and policies, procedures, laws, are things that disable people more than their own capacity and ability.*
> *(Daniella, social worker)*

> *In terms of my work, I take disability in the broader sense of something that impedes or impairs someone, but that's not to say that they can't deal with that in whatever manner supports them.*
> *(Karla, social worker)*

> *Erm...I think, I think for me, I have quite an open interpretation of it because, probably 'cause of the focus of my job. And I think also you really need to think about how the person defines themselves. But for screening referrals coming in, then we could keep it quite loose in terms of assessment, I think.*
> *(May, social worker)*

These definitions suggest that social workers have moved away from the Medical Model, and embraced Social Model and post Social Model thinking. That social workers themselves are keener for disabled people to define themselves individually, also hints more towards a Social Relational Model of disability, as the Social Relational Model is more concerned about the individual self than the collective, as in the case of the Social Model (Cologon, 2016).

In terms of disability hate crime, social workers felt less assured of their definitions. Most needed more time and deliberation to come up with a definition they were happy with, as opposed to the quick-fire responses when asked to define disability. It was common for them to reference these definitions in terms of experiences of working with other areas of perceived hate crimes, such as racially, or religiously motivated hate crimes, with Stephen Lawrence, being referred to multiple times. When asked about their understanding of disability hate crime as a term and concept, several social workers referred to hypothetical situations, which bear resemblance to legitimate and high-profile events. For instance, Gabriela, referred to befriending as a mechanism of abuse, also known as “mate-crime” (Rakusen, 2012; D. Rose, 2013; P. Thomas, 2011).

> *Disability hate crime? Well, I suppose it’s…it can be anything from making a remark about somebody because of their appearance, or because of their obvious disability, right up to…. I don’t know, befriending them, or being part of a circle of people that might actually be abusing a person because they deem them to be vulnerable.*
> *(Gabriela, social worker)*

The social workers interviewed had mixed responses when asked if the term was a useful concept for tackling the events it refers to. Most did not have strong feelings towards or against the term, the strongest voice of dissent around the term, Daniella, urged caution in its use, believing it may actually be a dangerous concept if used incorrectly:

> *I think it [disability hate crime] happens, and if that's what it is, that's what you should call it. But it isn't always that. You know? I do think we need to be careful about labelling everybody with the one label, because there are stages, and at one end, there's somebody who's... you know... uneducated, you know? And that's the language they've been brought up with, and now they've never really been challenged about it. But at the other end, there is somebody who will attack somebody and cause injury, death even, because it's somebody's race or sexuality or gender or whatever it is, you know? I think there is hate crime, but it isn't a label I would use. I don't think it's a blanket phrase, I think that's quite dangerous.*
> *(Daniella, social worker)*

The general consensus amongst the social workers was that they felt that the concept could be a useful one. All recognised the seriousness of issues that may be referred to as disability hate crimes, and for them, this was the more prescient issue.

> *There's a lot of...potential at least. There's a lot of what might be classified as hate crime that goes unreported, or it's camouflaged because it's hidden behind other issues. But that'll only emerge through time, perhaps. Maybe if it helps people to get more confident about identifying, self-identifying or it being identified by other people, that’s all good. If it helps us to help them? Then I’m okay with it.*
> *(Jorge, social worker)*

For the social workers, there was a hope that if the term could be used to help combat the underlying issues of disability hate crime, then there was little need for them to be overly concerned as to what to refer to these issues as, as whatever enabled them to do their jobs better and support their service users better, would be greatly welcomed. The acts themselves, rather than the labels, were more important to this group, which is in stark contrast to some of the disabled people spoken to in the study, who felt that the acts themselves could be overcome through the labels attributed to them.

4.5 Discussion

In policy, legislature, and research, “hate crime” in Britain, is a complicated concept, which has struggled to gain a wide consensus regarding its accepted use (McDevitt, 1993; Quarmby & Scott, 2008; Roulstone & Sadique, 2013). To explore this, each participant in the study was asked about what they knew about disability hate crime, if they thought it was a useful concept to describe certain acts, and even if they had heard of it at all. For social workers and non-social work services spoken to, they felt that use of the term helped to raise awareness of abuse amongst the service users they worked with and helped their services to work effectively. In contrast, differences started to emerge between different groups of disabled participants, with participants with learning disabilities tending to hold far stronger opinions about disability hate crime at a conceptual and practical level, than those participants with only physical impairments. In addition, some participants experienced a great deal of emancipation and empowerment via use of the concept, which had finally given them a name to attribute to many of the unpleasant events that they experienced throughout life, and gave them a reason and cause to fight against them. While laudable, there is a risk of this being taken to the extreme in some people’s eyes, where almost every negative experience can be described as a disability hate crime, no matter its severity, which may undermine the concept’s wider use in combating abuses of disabled people.

Disability hate crime remains a slippery and elusive concept. There was no clear definition widely accepted or agreed upon by all participants in this study beyond the simple idea of aggressive acts of some kind towards disabled people. It is however, interesting, to see the discourses that are taking place in different services around disability hate crime. For most social work services spoken to, this was viewed in pragmatic terms, with the underlying desire that if it helped them to protect people more effectively, then they weren’t overly fixated on terminology. There was a hope, amongst social workers, that growing awareness of disability hate crime may be able to gradually improve service provision, performance, and ultimately quality of life for disabled people, although this enthusiasm varied in different parts of the country. Similarly, for some non-social work services, disability hate crime was seen as a useful and viable route to challenging abuse and victimisation experienced by disabled people, something that was reflected strongly in some of the service users who participated.

Perhaps the most unexpected theme to emerge from this area of research is the use of the concept to attribute almost every malicious act (or every act believed to be malicious), to disability hate crime, with many such instances unlikely to be recognised legally as crimes, or to fall under any of the already slippery definitions of disability hate crime. Through his growing awareness of disability-hate crime, Teo not only had a way of explaining to himself and others, the negative experiences he encountered, whether they be acts of violence or aggression, or instances of rudeness. He also felt more strongly about his own identity as a disabled person, which led to some resentment towards other disabled people, who were different to him. Teo's views are an interesting inversion of more established views of disability hierarchies (Deal, 2003; Dunlop, Hughes, & Manheim, 1997), as he felt that people with learning disabilities, were not only at the top of the hierarchy, but were the only group who could legitimately hold any claim to identifying themselves as disabled people.

This is important, as identity plays a significant role here in determining how disability hate crime is conceptualised. For individuals who identify strongly as disabled people such as Teo, there is a much higher level of engagement and activism around disability hate crime; what it is, who it involves, and who gets to define the concept of disability hate crime. For individuals who identify less as disabled people (or who do not see disability as a primary component of their identity), there is a greater tendency to lean towards viewing hostile or aggressive acts as crimes first, with a clearer distinction between crimes and disability hate crimes. Both groups, however, have experiences of abuse and mistreatment because of their disability at various points in their lives, although how these are interpreted and then engaged with, can differ, based on the role of identity.

The study has aimed to offer a definition of disability hate crime from the reflections of those who have experienced it first-hand. This has proven to be trickier than anticipated in practice, as in addition to how much people engage with the concept varies depending on their disability and its subsequent relationship with their identity, what constitutes a disability hate crime and what does not, also varied.

5. Findings Part 2: Disability hate crime in practice

In this chapter, discussion moves from the conceptual, to the practical; what does the real lived experience of disability hate crime look like, and what effects it can have on a person’s quality of life. This chapter is less concerned with the “what is/isn’t” a hate crime, and instead focuses on the actions themselves, told from the point of view from those who have experienced them, or worked alongside them. As noted in the previous chapter, all participants with disabilities have experienced events over the course of their lives which could be classified as disability hate crimes under various interpretations of the concept, although the effects that these acts have, can be profound.

5.1 Historic abuse and hate crime

It was not uncommon for participants to start talking about their early experiences of bullying at school initially, before talking about their experiences as adults later. While no participants explicitly equated their childhood experiences of bullying with any more recent experiences of disability hate crime as adults, these experiences as children, cast long shadows over their views about abusive situations. It is not surprising that so many of the participants in the study mentioned bullying at school, as, the bullying of children with impairments, mental health issues, and/or learning disabilities is well documented internationally (Boer, Pijl, Post, & Minnaert, 2013; Farmer, Wike, Alexander, Rodkin, & Mehtaji, 2015; Sentenac et al., 2011). The early experiences of the participants, and particularly, their coping strategies, (such as to just ignore their aggressors) learned throughout school and their earlier lives, can be seen to reflect well into their adulthood:

> *The old, "just ignore it" bit, we see it starting at school with young people. So, if that's the case, we would just direct straight to, you know, we'd say to the person, "It might be worth saying to your parents that you're going to be doing this, you know?*
> *(Kim, support worker)*

Lucas, the youngest participant with disabilities, believed that the current school system actually permits a system of subtle discrimination where non-disabled students exclude or subjugate disabled students, behaviours which students may carry with them into adulthood:

> *It [abuse] has mostly been -it has actually mostly been in school, but I think it was because... it was because I wasn't understood at all. Like, people didn't understand how my disability impacted my daily life, and it was like a... I was kinda judged by everyone? Like some people got it. Some people understood what was going on with me, and some people didn't. And with the people who didn't, it was very quickly "you're disabled; we don't like you." Like they, they deliberately thought that "we don't want to be associated with him, at all".*
> *(Lucas, physical impairments)*

This also shows that for Lucas, his school experiences were shaped by both his disability and his own impairments, but also how the label of being a "disabled student" affected his levels of social inclusion, as he was labelled as different by his fellow students, and teachers. While it would be hard to argue that there was any sort of direct or purposefully malicious intent in labelling as such, his aggressors making a point of attaching a label on him marking him out as different to his peers, may have contributed to his bullies' self-justification(s) over their own actions. This is reminiscent of the murder of Brent Martin, a young man in England who was murdered by a gang of youths who believed Martin to be of lesser status than the rest of them owing to his disability. For Lucas, it appears that current practices in schools are still affecting young people with disabilities in this way. However, it also sheds some light on those who many participants described as their most frequent aggressors; children. Tina explains that young people were a particular worry of hers, and had impacted on her ability to live independently:

> *Kids, teenagers, always hanging around outside the shop, like? You can't go in. They won't let you. I don't think that's fair. My staff gave children a warning, but they weren't helpful. They just gave them a warning, but what can a warning do?*
> *(Tina, learning disabilities)*

> *I can’t remember who it was, but we had a person, who had this group of kids just following her all the time. Every time she went into a shop, they followed her. Now that is really frightening, and she was on her own, you know?*
> *(Abby, support worker)*

Eduardo, a service manager, believed that young people were a frequent cause of concern for his service users, but also felt that younger people tended to be more opportunistic in their attacks than adults:

> *Children can be brutal, can be cruel, y'know? They're learning themselves, y'know? Plus, children bully other children anyway, y'know? So, I wouldn't necessarily say it was anything planned, but a lot of it's been kids who’ve done it to people we support.*
> *(Eduardo, support service manager)*

Groups of children or teenagers were often referred to as a major source of anxiety for many of the participants. This anxiety was increased further if there was a need to spend any amount of time in close proximity to them, such as waiting for a bus, or if they had no option but to walk by them in close-quarters, such as the frequent instances of teenagers hanging out in front of shopping centres, fast-food restaurants, or local convenience stores. In many of these instances, participants often mentioned how they would prefer to avoid any possible confrontation, even if they had made a significant effort to travel somewhere, this could be abandoned if it meant a possible encounter with a group of teenagers. Interestingly, this was mentioned as an ongoing problem by most participants, one which been prevalent for most of their lives, which indicates that the “teenage” problem crosses over multiple generations of teenagers, and is still occurring today.

Most participants believed that education, particularly in schools, could help this, as well as curb bullying in schools, and resultantly reduce animosity towards disabled people as they grew into adults. One participant, Teo, who has learning difficulties, had spoken at several high schools in his local area as part of an initiative at a local service, who were aiming to raise awareness of disability hate crime in the community via speaking at school assemblies. This approach was seen to have borne some positive results, as students at assemblies would often approach Teo in public to say hello, and ask how he was, which gave him boosts in confidence, and gratification.

However, he felt that this was not very far reaching beyond those who had been witness to his appearances at assemblies, as other children continued their hostile behaviour as usual. However, education of this type, in schools, talking about the lives, problems, strengths and weaknesses of disabled people to schoolchildren, was often mentioned as a desired way to combat issues of disability hate crime by those often affected by it directly.

5.2 Hate crime as part of everyday life

If the testimony of the research participants with disabilities in the study is representative, experiencing varying forms of abuse and/or disability hate crime, would appear to be a frequent feature of life as a disabled person in 21st century Scotland. How many of these acts could be interpreted as disability hate crimes is debatable, but the issue is further complicated by the way many of the participants have learned to deal with these events, often as reluctant, life-long acceptance. The majority of aggressive actions taken against the disabled people spoken to suggested that most negative actions were viewed as minor offences, with some notable exceptions. However, it appears that for many participants, instances of abusive behaviour they have received have been dealt with internally, following lifelong habits of acceptance as a coping mechanism, which often develop during school time bullying (Worth, 2013). As a result, many participants testimonies included large gaps in time between disability hate crimes, where such experiences were more common earlier in life, and in their more recent history, with large gaps in between. For example, many participants would speak openly about negative experiences of being victimised and bullied at school, and similarly, of events that happened to them in the preceding months and years, but struggled to name events that happened to them in the years between leaving school, and before the interview, a gap in some cases, stretching upwards of 30 years. Andressa, who has learning disabilities, explains how she has historically dealt with a long history of experiencing abusive behaviours:

> *You just get used to it, I guess. Stuff happened to me at school, and it never really stopped, but sometimes it feels easier to deal with it than others do. You just get into the habit or brushing it off.*
> *(Andressa, learning disabilities)*

Kim, a support worker at a local support agency for adults with learning disabilities, also felt this was true, but believed that training, and awareness raising around disability hate crime may offer a break in this pattern:

> *Up until recently, there wasn't much in the way that people could do. 'Cause traditionally they were told to ignore it, and [our organisation], from many years ago has been campaigning to deliver disability awareness training, or "hate crime" training to a number of people, including, police probationers, schoolchildren and others. So, there's been a long history of trying to do that. But, it's not been an easy road, and now...'cause people still tend to "just ignore it", you know?*
> *(Kim, support worker)*

This process of disability hate crimes being experienced and becoming viewed as everyday occurrences might also help to explain cases where participants stated that they had not been the recipient of abusive acts, even when they had previously disclosed to myself or service staff, that they had been victimised, often with great frequency. While interviewing Sergio, a young man with learning disabilities (who at the time of interview, was in his early thirties), I asked him whether he had ever felt victimised based on his disability, he replied that he had never been victimised since leaving school:

Chris: *Okay, have you had much experience in your life of people bullying you or calling you names...*
Sergio: *Yeah, just at school.*
Chris: *Yeah? Okay. Anything recently?*
Sergio: *No.*
Chris: *No? When do you think the last time...?*
Sergio: *Would have......would have been when I left high school.*
Chris: *Okay. Right. So, it would have been a while ago?*
Sergio: *Yep.*
Chris: *Okay. So, you've not had many bad experiences since then?*
Sergio: *No. Nothing.*

This exchange, which occurred early during data collection, has always stuck in my mind, as not only did I know from earlier, informal discussions with Sergio's support workers at the service where I was interviewing him (one of whom was sitting in the interview supporting him), that he had experienced many abusive acts in public since leaving school, I also knew that he often spoke at length about them. I did not get the impression that he was embarrassed about his experiences, but this is a hard judgement to make on a single face-to-face encounter alone. His responses in the encounter above provoked a look of shock and bemusement from his support worker, who had difficulty hiding her surprise. Sergio's reluctance may be a result of possibly feeling uncomfortable during the interview, although I believe that at the time, he seemed calm, receptive, and keen to participate. Rather than talking about any recent events, he was far more eager to talk about his experiences at school, more than 15 years previously. His response may show a level of normalisation, where a negative behaviour set at an early or important stage of life which remains unchecked, becomes understood as an expected, and normal behaviour, something commonly explored in research into domestic abuse (McCarry & Lombard, 2016). This has been explored in other research with disabled people (Calderbank, 2010), and a process normalisation may explain why responses from other disabled participants about experiencing disability hate crimes was so mixed, as the behaviour to them has become normalised.

Thankfully, none of the participants with disabilities had experienced any serious physical harm from their attacks, but had endured various forms of aggressive actions from a wide range of individuals, such as strangers, neighbours, care workers and professionals, friends, and even family members:

> *[We've had] teenagers throwing dolls at the window, giving us verbally abuse [sic], them knocking on the window, cuttin' through our shared garden, hanging about in the tunnel where we stay. Anytime we saw them[teenagers], they were verbally abusive.*
> *(Kevin, learning disabilities)*

> *A place where I used to stay, I used to stay in the hostel, and made my friend, was, we was walking down the road, and these kids went up doing that [makes punching gesture] to our faces, and when we came in my lip was bleeding.*

> *(Faith, age undisclosed, learning disabilities)*

> *Well it has happened to me quite often; it's happened to me...maybe for years, ken? It's not something new, it happens all the time. If, I mean, like recently, for example, take my Mum. She's had folk out on the streets coming up to say to her "Oh do you pay your rent?" and we pay it, we pay quite a lot of our rent, but you've got some nosey neighbours that say, "Are you paying the rent?", ken? "Getting your rent for free?" and stuff, ken. Ignorant people.*
> *(Teo, learning disabilities)*

> *People have name called me in the street. Somebody in [my town] actually grabbed the back of my wheelchair when I had shopping in it. Somebody grabbed my chair when I was getting off the bus, they pulled my chair back and thankfully they didn't keep me back, I managed to stop them, but then they tried to run towards me and have a go at me. Just because I'd gotten on the bus.*
> *(Bruna, physical impairments)*

Social workers, care providers, and local support agencies also witnessed their service users experiencing a multitude of abusive events: Some events may be in response to individuals’ traits or behaviours, but nonetheless raise

> *[A service user] who lives on her own, well, she gets some support, but she was getting eggs thrown at her window, stones thrown at her window, scared to open her curtains. Scared to look outside. And terrified because of that. Timid and terrified. It’s just horrible, it defies you why or how people can be like that.*
> *(Katie, 3rd sector support worker)*

> *I work closely with a person with a learning disability on a regular basis throughout the week, and I hear of repeated circumstances where the person's been victimised or bullied, or hindered, and this can be small things through people banging on the floor above, from the flat above, which disturbs his sleep, or threats which make him feel uncomfortable in his own home, or knocking on his windows late at night or throwing things into his garden, or calling him names which threaten abuse, and when this is raised with police and social work, when it's investigated, there's very little action that follows through.*

> *(Felipe, 3rd sector service manager)*

> *We've one member in [nearby town], he has a physical condition that affects his appearance, [he] is a regular recipient of hostile comments, you know. Really nasty stuff. But, the problem there is not an easy person to work with, for anybody. And, he has no faith in anybody being able to help, and as a result, when it's reported over and over again it's to the point where it's like..."what's the point?", you know? There's no response because it's almost like.... you keep saying this but, you know, if somebody's flying past you on their bicycle shouting at you, how do the police catch that? How do they see that?*
> *(Kim, 3rd sector support worker)*

> *There's been a couple, y'know? One gentleman he's been spit on out on the street when he's been out with a support worker. This is a gentleman with autism and learning disabilities, and ADHD, a visual impairment, so he'll do things like spinning when he's out walking, and he's had some taunts from younger people, y'know? Because of his behaviours, the way he can be.... really inappropriate to females. So, he gets a bit of abuse from, like the husbands and stuff [laughs], and he's had threats, albeit indirectly, through Facebook and things like that, y'know?*
> *(Andreas, 3rd sector service staff member:)*

Accounts of such instances were rarely divulged in isolation to other topics or themes, as is the case above. It was more frequent for such accounts to appear during other areas of discussion, rather than in response to direct questioning about specific incidences. For participants with disabilities, this may represent such instances being experienced contextually, as in, additional, relative occurrences to other areas of their lives, (such as school, or travel), whilst social workers and other service staff members commonly expressed exasperation at where to begin, given the volume of instances they had been exposed to over their careers. The former may link to the idea of normalisation, where negative, abusive experiences become normalised via their permeation into other aspects of a person’s life, instead of being seen as an anomaly in its own right (Boxer et al., 2008; Margold, 1999).

5.3 Transport

In public, transportation service, in particular; buses, were frequent sites of intimidation, especially when doubled by the additional anxiety of young people nearby. For disabled people who cannot or are unable to drive, public transport is a hugely important part of their ability to live freely, and actively engage with their communities (Schlingensiepen et al., 2015). This may be a significant problem for many, for having to balance a risk/benefit ratio of using public transport whilst running the risk of being victimised, may lead to individuals avoiding public transport entirely, limiting them to their immediate surroundings, or even their homes. Of the participants spoken to, the most common physical space where disability hate crime and abuses occurred were related to transport, such as on buses, trains, or waiting at bus stops and train stations. Tina, a young woman with learning disabilities, recounted one of the more serious instances mentioned during data collection:

> *Tina:* *I was on the bus, upstairs. Two females had me on the bus pole, with a tog…. a toggle, and they blamed it on me, but I can't tie a toggle, how am I meant to? They had me like this [Tina takes the tassels of her hoodie, wraps them around her neck, and pulls them tight], and I couldn't untie it, I can't. It's hard for me. So, I call to the bus driver, and eventually he comes up and is like "What are you screaming about?" But he got me down.*
>
> *Chris:* *That sounds very unpleasant. Did the bus driver do anything about the girls who did this?*
>
> *Tina:* *Nup.*
>
> *Chris:* *Nothing, no?*
>
> *Tina:* *They said, they said that he had a screen on the top of the bus, and showed me on the video, and asked me "Is that them?" and I said "Aye," but then he just says, "I'll keep an eye on them". That's no' use! That's no' good!*

Tina's experience eventually led to some coverage in a local newspaper, which is now a matter of great pride for her, but the identity of her assailants remains unknown, and she suggested that even after her press exposure, she feels that her local police services were still not taking her concerns seriously. Kevin, who recounted a similarly violence experience, which also highlights the spontaneous, possibly opportunistic, and critically, unprovoked nature of disability hate crime incidences involving transportation:

> *Like, I had an incident just at the bus stop down the road there about two month[s] ago. I was on my way to a meeting, I was standing at the bus stop, and I feel this whack on my rucksack, then I felt a whack on my back, and the bus turns up, people start getting off the bus, and I feel this push from behind me. It was some man; I don't know his name though. So, when I get off the bus, I thought he must be getting off the same stop as me, but he turns around and tries to head-butt me, then says he's going to "tear me apart".*
> *(Kevin, learning disabilities)*

Transportation is an important issue for all members of society, and has been seen as an important area in empowering adults with disabilities (Schlingensiepen et al., 2015), so any needless deterrence to using public transportation systems will have a limiting effect on the life, social inclusion, and confidence of an individual who may have no other means of transportation. Teenagers, specifically, hanging around bus stops represent a considerable problem in the lives of many of the participants with disabilities interviewed, as this can represent an ongoing threat. There is also an element of complacency evident amongst local public transport providers. Bruna, a wheelchair user, mentioned that her local train service requires 24 hours' notice of her travel plans, including time of travel, time of return, and which stations she will be boarding and departing from. This policy is so they can assure she will have timely access, via having local staff available and ready to set up a ramp for her to board, which should minimise any delay and inconvenience to her, as well as other travellers. In practice, this policy was seldom upheld:

> *I bought my ticket in advance, called them 24 hours ahead, all of that. I sat at [my local station] for two hours, then they told me the trains were off. They said they'd "ordered me a taxi". I waited another two hours, then they said they hadn't ordered a taxi. Again, I've had situations where I've gotten on trains and got to where I'm going, and there's been no ramp waiting for me. I've been refused on trains because I've not booked a ramp, which really gets on my nerves.*
> *(Bruna, physical impairments)*

Experiences like this were conflated by the fact that if Bruna, an articulate and intelligent young woman, chose to speak up about her mistreatment, she was often met by apathy from local staff, and perhaps more troubling, hostility from other passengers, which may do more to quell her speaking up about mistreatments than the attitudes of staff themselves. While such an example may be difficult to describe as a disability hate crime, it is a level of unnecessary discrimination, which Bruna felt, was severely hampering her activities and well-being.

5.4 Disability hate crime between disabled people

Whilst this study has focused on disabled people as victims of disability hate crime and abuse, it is important to remember that disabled people can be capable of committing crimes and abuses themselves, including crimes and abuses against other disabled people. The most striking example of this came at the hands of Bruna, a young woman with spina bifida, who used a wheel chair for mobility, and who had suffered through a unique pattern of abuse at the hands of an ex-boyfriend, whom also was disabled, although possessed more mobility and strength than Bruna. This may be more akin to something such as domestic abuse, or intimate partner violence, but her story illustrates how disability can play a role in abuse between partners. Crucially, he had first-hand experience and knowledge or the challenges and possible limitations someone with limited mobility may face, and since Bruna, who had relocated to be with him was new to his part of the country, his local knowledge of geography and services, was used to abuse her.

> *Because I had moved away with him, I was in a new part of the country. And his friends were just.... it's rough. He was in a wheelchair too, the same condition as me, but he used it to his advantage. I didn't know the area, I was reliant on him, and I was called quite a lot of things that I shouldn't have been called, physical and verbal abuse. His friends weren't disabled, but they were on his side. It was all used against me. We all went out one night, and they all disappeared, they all left me in a place they knew I wouldn't be able to get out from, they did that on purpose.*
> *(Bruna, physical impairments)*

Whilst some people in the study argued that they did not know much about the local social work and support services in their area, Bruna’s ex-boyfriend seemed to know services quite well, including their local area’s operational practices, and importantly, their limitations, which he used to obfuscate his actions from those who may be in a position to help her, and stop him.

> *The night I was left on my own, I didn't know anybody in the area, I didn't have anyone else. So, I had to sit in the middle of the street in the middle of the night and continuously call him until he gave up and answered his phone. 'Cause there was no other port of call, there was nobody else to contact. I was reluctant to phone the police because then I’d have had to go back to the house with him, with nowhere else to go. I didn’t know he was like that at all until we moved in. I got out of it when he chucked me out on the street at 5am with nothing. No money, no phone, no way to get the train home, nothing at all. In an area I barely knew.*
> *(Bruna, physical impairments)*

Bruna’s case is different to those of some similar cases of violence in relationships between disabled people (or where one partner is disabled) as some individuals in similar circumstances have been shown to find it difficult to leave, and may stay in abusive relationships believing that as a disabled person, they were “undeserving” of better treatment, or that they would be incapable of forming a relationship with anyone any better, or even that they were willing to pay the price of abuse to avoid feeling lonely or isolated (Dixon & Robb, 2016; McCarthy, 2017; Normand & Sallafranque-St-Louis, 2016; Pestka & Wendt, 2014). However, I do not believe these were true in Bruna’s case. The troubling elements of Bruna’s experiences, were that she knew she was in danger, knew that she shouldn’t be treated this way, and that she needed and wanted help. In Bruna’s situation, despite her active desire to change her circumstances, her boyfriend had taken systematic steps that prevented her from entering into a position she could actively change or improve her situation, something which is sadly not uncommon in cases involving intimate partner violence, (Ali, Dhingra, & McGarry, 2016; Jewkes, 2002), but also appears to have an element of this abuse motivated by her additional vulnerability as a wheelchair user.

Fear of reprisal was a common reason given for why abusers were often left unchallenged. [19] While Bruna did eventually escape the relationship back to her hometown in a different part of the country, reprisals were still forthcoming:

> *He should have been arrested. But there was no proof at the time. I did come back with proof, but I was too scared at the time. I wish I had done it now. But nothing happened to him, apart from the warning, nothing was done. He wasn't...I mean I was petrified in my own home for months after it, thinking that he'd sent people after me. I was having kids knocking on my door at 11pm, and when they stopped getting a response, they would shout abuse through my letter box, and then it started in my back garden, they would bang on my windows, and with kids doing that, having just come back from [ex-boyfriend's town], it was scary living on my own. I didn't particularly like it, if I'm honest. But that's when I called the police, finally. I was away from him. I was in a better community. And I couldn't take it anymore.*
> *(Bruna, physical impairments)*

Bruna believes that these young people were known to her ex-boyfriend, and that they also had a reputation for targeting local disabled people in their community, under the belief that they couldn't be chased, or restrained by their victims, and also that they were immune from police intervention due to their age. One of the more interesting parts about Bruna's story, is that she eventually learned that her abusive ex-boyfriend, had actually committed similar acts against a previous girlfriend, who also had similar impairments to Bruna. Bruna believed that her ex-boyfriend's experience as a service user of local social work and social services was key in his ability to manipulate and abuse the women in his life, whilst limiting their opportunities to reach out for aid.

5.5 Discussion

Disability hate crime appears to be very much a feature of life as a disabled person to participants in the study. It is not surprising that school experiences weighed heavily on most of the participants, as experiences of bullying often form long lasting

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[19] This topic is expanded upon in more detail in Findings Chapter 3, which discusses the problems faced by social work and social workers in relation to disability hate crime incidents on page 195).

memories across most groups of children (Wolke & Lereya, 2015). However, the experiences of school time bullying for those with learning disabilities, has lasted beyond school. Many of the actions recounted in this study, certainly bear echoes of childhood stories of bullying, particularly when they came from children, teenagers, and young people. Those affected by children and young people, felt strongly that this issue may be dealt with via education, and relished the opportunity to engage with this. The group of people with learning disabilities spoken to, especially felt encouraged by the power of education, and by using their own experiences directly when talking to children and young people, there is a genuine sense of optimism that by talking to young people directly, then those young people would grow up with a more compassionate view of disabled people, and over time, diminish disability hate crime.

It is interesting to note the contrast between this optimistic, conciliatory nature held by the participants with learning disabilities towards young people (particularly since young people were one of the most regularly cited aggressors), and the exclusionary, resentful view held by some of them towards people with only physical impairments This contradicts one of the Social Model's main aims of uniting disabled people together, instead pits them in opposition around what should be a uniting concept of activism against disability hate crime. This opposition sheds light on the way that activism around the issue may be strongly influenced by the activist's own preferences. For example, it may be possible for someone with strong convictions, such as Teo, to talk to an audience of young people about disability hate crime, carrying his own very personal and politicised views on disability into a discussion which may be quite limited in its scope of "who" can be affected by disability hate crime, therefore limiting the potential reach of his message. This is not true for all participants however, but it does highlight the importance of an individual's own relationship with their disability and other disabled people, along with their own personal history, when challenging disability hate crime.

It is also interesting to note, that except for Bruna, none of the participants with disabilities of any kind, mentioned experiencing abusive behaviour from other disabled people. While there is no apparent reason to believe that any of the participants in the study were hiding this for any reason, but it does raise questions of conception. Disabled people in the study could all easily identify various aggressive behaviours towards them, although these were almost exclusively seen to be conducted by able-bodied people. The possibility may exist that a comparable act of aggression conducted by another disabled person, may not be considered a hate crime, but understood in different terms.

Bruna's story of how an ex-boyfriend, himself, also physically impaired, highlights that perpetrators of abusive behaviour, may be able to do so based on their insider knowledge, and experiences in their communities to exploit disabled people to their own end. This was crucially true for Bruna, who found herself in a desperate situation at the hands of a man who had built up his own knowledge base, (and to some extent, a power base), based upon his own disability. This facet is to be considered, as there are many experiences amongst disabled people of their primary antagonists in society, are non-disabled people, (although exactly how one arrives at a definition of "non-disabled", is highly subjective, as discussed previously). Bruna's story shows that perpetrators of abuse can come in all shapes and sizes, and disabled people themselves, are capable of extremely exploitative acts.

Transport was an often spoken about topic when discussing actual experiences of disability hate crime. Tina's experience of being choked on a bus by a gang of people had an understandable impact on her ability to travel independently. As a young woman with learning disabilities who depended on public transport, removing the bus as an option for travel due to being attacked like she was, she, or a person in a similar predicament, may then be forced to switch to using taxis or hire cars for transport, incurring far greater expenses than using the bus. It is also possible that without access to buses, Tina could have easily become isolated, opting to stay at home instead of risking further attacks on buses, which would have had a substantial impact on her well-being, independence, and quality of life.

6. Findings Part 3: Social work practice and disability hate crime – where we are now, and where we're going

Increasing levels of, reporting of and awareness of disability hate crime mean that social workers must be cognisant of these issues to ensure that their practices and services are working to provide appropriate levels of support to those who have been affected. As touched upon on page 157, the social workers interviewed as part of this study had comparable views of disability hate crime as a concept across the sample group, albeit with a level of scepticism and wariness as to its use. Their experiences of working with service users who had been affected were different and varied across the sample group, with social workers working in some local authorities believing that very little was being done in the local area to help raise awareness or improve practice, where others had a contrasting experience of being highly active in their local communities, promoting engagement and awareness of disability hate crime amongst staff and service users. Social workers and service users alike, both recognised problematic elements of social work practice in this area. For social workers, they faced difficulties of ever decreasing budgets, lack of contact time with service users, and levels of available staff. Service users themselves faced issues of inconsistency, concerns over actions (or lack thereof) taken by social workers in response to disability hate crime, whilst many disabled people have also expressed historic negative experiences with social work, fostering a sense of reluctance and wariness.

How disability hate crime is conceptualised is also an important factor in how services are shaped. Some disabled participants believed that disability hate crime is not a concern of social work at all, something which social workers themselves unanimously refuted, as they are bound by legislation and professional codes of practices to support service users who may be at risk. It is also important to remember that social workers and disabled people exist and work alongside other organisations on a multitude of issues. In regard to disability hate crime, multi-agency work is often necessary to effectively support service users, and there is evidence to show that this is being utilised well in certain parts of the country. However, several participants spoken to, cited increased cuts in funding from the Scottish Government are starting to undermine efforts towards multi-agency work, which ultimately, affects the service users in need of the most help.

6.1 Disabled people's views of social workers

Amongst disabled people who participated in the study there was some resistance to social work involvement often based on earlier, negative experiences. There is still resistance to social work involvement by some disabled people, often based upon their earlier experiences with social workers as children, as well as a wider stigma in society felt against social workers (Zugazaga, Surette, & Mendez, 2006), which all participant groups were conscious of.

With only occasional exceptions, the majority of the disabled people interviewed for the study, held negative opinions around social work and social workers. These opinions appeared to be based on previous experiences of working with social workers rather than negative stereotypes.

> *We were put at the end of a lane, and our life was made Hell, by discrimination by people in the area. We took hours of non-stop.... our windows got hit, we got, um, my porch got broken into and all that and what have you, and it really affected our health. And it took one lady from the house [local] housing association to listen to us. All the reports we had, the police reports, the social worker reports, we had all that, and nothing got done.*
> *[Later in interview]*
> *But I get it [disability hate crime] from different sources. The social work don't take it that seriously! Every week we were on to social work. Nothing.*
> *(Andressa, learning disabilities)*

> *The people [mostly individuals with learning disabilities] we work with? I don't think they have a very good view of social work at all, to be honest.*
> *(Kim, support worker)*

Some participants, also felt that going to their social worker wouldn't be a good use of their time in resolving any issues with hate crime:

> *I really don't think I'd go to social work about disability hate crime. I mean, what can they do?*

> *(Faith, learning disabilities)*

> *No, I wouldn't go to social work, to do with hate crime. I don't think it's their remit really. It's usually the police that you'd go to, straight away.*
> *(Kevin, learning disabilities)*

Faith and Kevin were not alone in believing that social workers had limited capacity to help them regarding disability hate crimes, with most participants in the disabled people sample, to some extent, believing that social work would not be a useful port of call for help. Faith and Kevin highlight one explanation for why social work services may be lacking in relation to disability hate crime, specifically, that to those victimised by it, disability hate crime, is simply not within the remit of social workers.

When participants with disabilities were asked if they would talk to their own, or any social worker about any possible disability hate crimes, most agreed that they would prefer to talk to someone they trusted, usually a friend or family member, although occasionally, social workers were listed among trusted individuals. There was also a strong belief that matters of hate crime should be dealt with by the police directly, which tended to revolve around concepts of punishment of their aggressors. Coupled with the belief that the police were able to impose punishments on aggressors to greater extents than social work services, health, care, or housing services, this helps illustrate that joint working and multi-agency practices relating to prevention, support, and even punishment.

The punishment of aggressors was a frequent point of discussion amongst the disabled sample group. The participants with learning disabilities, tended to talk about the end of hate crime related experiences, in terms of aggressors being sent to jail, or even subjected to forms of capital punishment (eight of the total participants with learning disabilities mentioned forms of capital punishment as appropriate levels of punishment), as opposed to the participants with physical impairments without learning disabilities, who placed more importance on the end of the acts themselves, where they could be left in peace without fear of reprisal.

The desire for punishment amongst individuals is understandable given how many of them have suffered over the years. This may partly explain why social workers are not well thought of by groups of disabled people when they are enduring periods of abuse or hate crime. Whilst the role of social workers is to support their service users, rather than to punish or sentence aggressors, to some participants, this was interpreted as inaction on the part of social workers:

Chris:	*Kevin, you said earlier that you didn't think it was in social work's remit to look at disability hate crimes?*
Kevin: *(learning disabilities)*	*Well, they [social workers] can try and stop it [disability hate crime], but I don't think they'll be able to stop it completely. They don't really do much.*

When social workers were asked why they felt that disabled people opt not to seek social work attention when experiencing hate crime or abuse, another common reason given, was the historic, and on-going stigma surrounding social work. Social workers themselves often cited negative media portrayals and news coverage of social workers as highlighting poor practice, errors, or portrayals of them as being interfering meddlers:

> *I think, partly because of the media, people just view social workers as, maybe being interfering in their lives, and certainly, you see it a lot with child protection cases. You know, social workers being named and shamed as not doing their job, when actually if you read the whole case review it's always ten or so different professionals involved, but it's always the social worker that gets singled out as not having done something. I think the media has quite a lot to answer for.*
> *(Gabriella, social worker)*

> *I think that's why we get bad press a lot of the time because social workers do tend to own blame for everything, and you rarely get "'GP Smith' failed to do his duty", it's always the social worker. And that, really annoys me. Even when you read case reports, communication from everybody, all sides, all agencies, are normally poor, but social work normally come out the worst...*
> *(Adriana, social worker)*

Some of the more critical opinions of social workers from the disabled people interviewed also made mention of negative social work stereotypes, such as taking children away from parents, or interfering (negatively) in their lives. These specific opinions seemed to stem from stereotypes rather than any previous experience, although the level of influence these opinions have come to hold should not be underestimated.

There was a feeling amongst some social work participants who work with social work students on placement, that this stigma and media portrayals of social workers are actually generating fear and hesitancy amongst newly qualified social workers, which is actually hindering their practice in areas involving risk, including adult protection, and disability hate crime:

> *They [student social workers and newly qualified social workers] find it hard to take risks. They're nervous. Well, in some ways they're confident. Very capable. They have good mind-sets, but they're hesitant. They have to answer to so many people if something goes wrong, and if it goes wrong, then that could be their career over. So, it's understandable, but it makes their jobs harder because of it.*
> *(Karla, social worker)*

Julia, who was interviewed as a care worker, who also happened to be studying for her social work degree at the same time, recounted how fear of making a mistake, especially when dealing with issues where a high level of risk or harm to a service user is possible, such as disability hate crime:

> *When I tell people, I'm studying to be a social worker, they're all like "Oh, so I better be careful what I say around you", like there's something wrong with it. Social workers have a bad reputation, definitely. It's all you hear about them in the news; it's always the bad things, never the good.*
> *[Later in interview]*
> *We [social work students] are scared of making mistakes. I think we know that we can manage and deal with it in department, but if it's bad enough it gets to the press? Then you're done. You'll never live it down, or work again. I suppose it makes us take a safety-first approach, but sometimes it means we're too passive, and that's not ideal either.*
> *(Julia, care worker and social work student:*

Mistrust, and lack of faith in the outcomes of social work interventions were often cited by disabled people themselves as to why they did not engage with social workers regarding disability hate crime. If participants had no current existing social work contact, then the possibility of them turning to social work was reduced even further.

One fear that was present amongst disabled people, however, was the fear of reprisal from their aggressors after reporting their malicious acts, which, if unresolved, could result in severe reprisals, worsening the situation, rather than stopping it. This may partly explain why those who had been victimised, were keener to talk to services such as the police, who they believed to be able to take stronger punitive measures against their aggressors, or to talk to trusted family members and friends, who were felt to be trusted to follow through with taking appropriate action. The worry of reprisal was a common response when disabled people were talking about reasons which made them reluctant to come forward in times of need, Bruna, a wheelchair user, gave a stark example, where after reporting an ex-boyfriend to local police and social work services over domestic abuse she was suffering:

> *The worst thing that can happen is when you actually do reach out for help, and nothing really happens. They [the aggressor] just gets a slap on the wrist and a telling off. They take it out on you, because they know you've tried to stop them, or to like get them into trouble. After that, people can try all sorts of things to just keep you hidden to stop it happening again.*
> *(Bruna, physical impairments)*

No action was ultimately taken with Bruna's abusive boyfriend, beyond the "slap on the wrists" she mentioned, and as her boyfriend knowing that she was attempting to stop him, intensified his abusive behaviour. Luckily, Bruna is now safe, but her experience is a clear warning that once a report of abuse and disability hate crime has been made, it must be seen to be having a conclusive effect.

There appears to be an issue present, where disabled people who are being victimised, in addition to not talking to social work about their problems, do not talk to *anyone* about what they are currently experiencing. As mentioned previously, whilst several disabled participants argued they would prefer to go to the police rather than social work when experiencing periods of abuse, none of those spoken to, had actually taken this course of action. While most may have been aware of the concept of disability-hate crime in some form, (see pages 142) none were familiar with third-party reporting, with no participant from the disabled people sample group, recognising the term. If this is representative of the wider disabled population, it represents a significant missed opportunity to address problems relating to disability hate crime.

Third-party reporting is a major part of Police Scotland's disability hate crime strategy (BBC News, 2016), with over 200 organisations and services across Scotland being recognised as third-party reporting centres (Police Scotland, 2017a), therefore access to third-party reporting may not be the problem, as the participants in the study suggest that lack of knowledge and even awareness of third-party reporting may be the biggest barrier to overcome, with none of the disabled people spoken having any awareness of third party reporting. If knowledge regarding third-party reporting increased, it may help stop a trend identified by several social workers and care workers, where disabled people who did bring their experiences of abuse to light, often did so long after the event had transpired, where any possible instance of retaliation was gone, and likewise, any chance for intervention, prevention, or even prosecution, which may be related to the fear of reprisal if reporting leads to no conclusive action.

6.2 Disclosures of historic abuse

> *I mean we have a lot of people who will come and disclose, you know, historical abuse or recent abuse, and maybe like in domestic relationships. And it's not that they're seeking support to, you know, do something about it. They're maybe already removed from the situation, they're just coming to actually talk about it. A lot of the time...people don't tend to present when they're in imminent danger, but I would say most of the people who come here for assessment are not right in the middle of something like that, or at least, it doesn't come out until a wee bit later probably. Well, after the event.*
> *(Gabriella, social worker)*

Gabriella has touched upon what I believe to be a very pertinent detail. When discussing details of accounts of disability hate crime and similar abusive situations with disabled people, it became clear that more often than not, that those affected who did tell a service, or even a family member, did so long after the event itself. For social workers, this means that the opportunity for intervention has long passed. While the situation itself may have found some other resolution, a reluctance to disclose events to anyone means that many people may be suffering needlessly for prolonged periods of time. This also may account for some of the problems with disability hate crime related statistics, as events may go unreported, or unrecorded simply by virtue of them only coming to light long after they have occurred, and thus may fall beyond the data collection period or period of time that studies may be observing.

Gabriella, Daniella, Lana, May, and several others in the social work sample group, suggested that when abuse or other hostile acts were disclosed to them after the event, the main purpose of this was not generally to ask for help or to seek justice or retribution. Rather, this tended to be done as part of a general discussion, usually after the result of a social worker picking up on something in a conversation with a service user, often an accidental, or throwaway remark, which needed to be "teased out", by some gentle probing on the part of the social worker.

Social workers themselves were unsure as to why service users who may be affected by disability hate crime behaved in this way, even in areas where awareness raising is particularly high, with disability hate crime being spoken about frequently in the community. For some, this may have been symptomatic of the possible everyday nature of abuse, coupled with the possible stigma attached to social work and social services in general. Gabriella, a social worker, felt that the stigma attached to having a social worker was still very much in effect:

> *But there's this perception still that you're different, and you're not doing so well. I think it's probably a big fear for people. And a lot of people actually won't come. They just won't come to our first appointment here because of the stigma, and it takes a few referrals in for them to work up the courage, and I think that is a lot to do with the community here. There's still a massive stigma attached to social services isn't there? I think even people who've had a positive experience will still often say they're*

> *embarrassed to come to this building, or to a social work building, because there's still such a stigma attached in society.*
> *(Gabriella, social worker)*

Gabriella, however, believes that this may be assuaged by working more closely with social care workers or advocates, who could act as intermediaries for service users who are unwilling, or unable to talk to social workers directly, which would require a strong working relationship in a multi-agency setting:

> *I think if people had, you know, maybe an informal support service's support worker working with them, that's often a helpful method of being able to, you know, bridge the gap, I suppose? Between formal services and some other support, and that helps people in being able to talk if they're struggling, then the support worker can then support them to come to us, because I mean we're not seeing people every day in the same way a support worker would be. So that'd be quite a helpful tool.*
> *(Gabriella, social worker)*

For some service users, stigma associated with social work may also be coupled with the additional physical problems of social work service buildings themselves. However, as third-party reporting is already being attempted throughout the country with little success (due to lack of awareness), it is entirely possible that having some kind of third-party intermediary may be of use if it can be widely disseminated.

To some, social work services felt alien, inaccessible, and even unwelcoming. Bruna, a young woman with spina bifida, who uses a wheelchair for mobility, still struggles with access issues, making her engagement with social work complicated:

> *Bruna:* *The [local social work] building’s not great. I’m in a wheelchair, and I can’t really get in. I’m still hoping for a ramp, but all of my meetings need to be somewhere else, at home or in a café or somewhere, and it’s not really private. In some places, it’s taken me a long time to get in touch with them [social work] when I’ve tried to, they don’t have numbers online or in the Yellow Pages, so what do you do?*

Chris: But you're involved with social work now, right? I mean, you have a social worker now, so how did you get involved with her?

Bruna: Through another service I work with. I guess you need to network and make connections [laughs]

Bruna was not the only participant who was critical of their local social work department's buildings in terms of accessibility, with participants from each sample; disabled people, social workers, and non-social work service workers all having representatives who felt that building accessibility in local social work offices were not always ideal for participants with limited mobility. Bruna's comments also highlight that in some communities, social work may be difficult to find for local people, should they desire it. This could also help to explain the delay in recounting stories of hate crime and abuse, although in local authorities where social workers were seen to be making a concerted effort to be more visible and available in their community, the same delays tended to occur. Daniella, whose social service and local council have just recently opened a new building housing several council services and branches of social work, believes that the design of the new building itself is actually deterring people from contacting social work:

> *They've [local council and social work] got interview rooms with glass walls, so if you went in to see the Children and Family team because your kids have been taken off of you, you'd have to have an interview in a goldfish bowl where everyone who's coming in to pay their council tax, can see you! Barriers! Barriers. It's right in the middle of the town centre, "accessible to everybody, level access", I mean the council have just built that great big new office, I don't know if you know about it? You should go and have a look, actually. You should. You should see what facilities they've got there, and ask them about -look at what they've got, and think if it's a welcoming place for people with disabilities as well.*
> *(Daniella, social worker)*

On-going support from other non-social work services, may also be beneficial in the early identification of and intervention into possible disability hate crimes, but the care, advocacy and support workers spoken to as part of the study, had shared similar experiences in relation to the reporting or disclosure of disability hate crime amongst their own service users to be very similar to that of the social workers:

> *You hear stuff after the event a lot more. Definitely. Occasionally, someone will say "oh, this is happening to me," and you can do something about it, but most of the time, if anything, we hear about it ages and ages after it's all done, after it's all happened.*
> *(Felipe, advocacy service manager)*

Felipe also mentioned that multi-agency working could help improve these kinds of situation, but similarly felt that his own experience in working with other services almost exclusively occurred after events had taken place, while also calling for more effective multi-agency work as a key measure to improve this:

> *Often, it's been a case of...after the event, unfortunately that it's happened, and that again, kinda exemplifies the need for understanding that broader, the broader vision that you want for that individual, where an individual is placed somewhere. Often, I've felt that it's just been a post-mortem, really. Or you know, on something that should have been put in place to begin with.*
> *(Felipe, advocacy service manager)*

As mentioned earlier on page 142, the idea of disabled people viewing hate crime, abuse, and other forms of harassment as an everyday part of life as a disabled person, may have something to do with why reports of such instances are so rare, despite the evidence showing that many such incidents do occur on a regular basis. When asking disabled people what it would take for them to go to social work regarding a case of abuse or hate crime, or, what would make them more likely to talk to social work, the responses tended to focus on more violent cases of isolated abuse, single incidents of great severity, although most felt that they would still be more likely to seek help from the police rather than social work.

Social workers were also critical of bureaucracy, both in terms of the amount of red-tape, and" form-filling" that they were required to do, but also in respect to service users, particularly those who are coming into the system for the first time:

> *Traditionally, who gets put in reception? It's the modern apprentice or whoever, you know what I mean? It doesn't improve the experience from the service user's perspective because they're having to fight their way thought different layers, negotiate their way through different layers before they get even to speak to a Duty Worker or whoever. And the person that's coming, they usually have to go through here people who don't know what social work does, or what we can do.*
> *(Marcelo, social worker)*

6.3 The challenges of prioritising time, money, and priorities

While all social workers interviewed for the study showed commitment to supporting disabled adults who have been victimised, the feeling of wanting to do more, was often supplemented by the fact many felt that due to budgetary, time, or personnel restraints, this simply isn't possible.

> *We don't have the time to do a lot of reviews or reflection. We're too busy firefighting. As soon as one fire's out, we're off to deal with another one. We're continually just rolling, assessing, putting in support packages, but we're never getting the time to review or adjust it.*
> *(Jorge, social worker)*

The issue of how to best make use of the limited resources available to them, proved to be a difficult question. The majority of social workers were extremely critical of the current SNP government, in terms of funding and social work organisation, with some believing that social work services are faced with a pessimistic future until they take leave of office, and nothing they could do in the immediate future could solve the current issues facing social work, and therefore, their service users.

> *If you think about all services across the board, the inequalities have increased, social problems have increased, social problems increase.*
> *(Marta, social worker)*

Others, felt that what little resources did remain, could be used to supplement the work of social workers in relation to disability hate crime, by invoking more of a community based outlook, where local communities may be able to help bridge gaps between vulnerable adults, and local social work services until funding levels improve overall something which was advocated in the Christie Report (Christie, 2011). The Christie Report recommended an increase in community engagement by helping to foster individuals' capacity in a wider community setting, in essence, allocating more resources made available to preventative measures. Some social workers, such as Jorge, agreed that this may help with service provision:

> *If we were able to direct resources towards capacity building, strengthening communities strengthening resources, making the resources for early interventions and ongoing interventions, respite services and so on, if those things were in place together with the increase, any increase of resources at a social work level, we'd be gradually reducing the lower end of the spectrum, and increasing the upper end, where things are more stable, more reliable, more consistent.*
> *(Jorge, social worker)*

The social workers interviewed in this study worked in Community Care, Learning Disabilities, Mental Health, or Adult Protection teams. Those who had also spent time previously working in Children and Families teams, noticed a significant difference in how provisions were allocated between different types of teams, and the priority placed upon the service users.

> *Ask a Children and Families social worker if they have good links with the police, they'll probably say they do. Ask a person who works with adults, you'll probably get the opposite.*
> *(Marta, social worker)*

> *It's much easier working in Children and Families. Stuff happens when they ask. It's seen as a big priority. Working with vulnerable people? Actually, adults in general? It's not really a priority to them [management]. It gets bumped off in favour of Children and Families.*
> *(Vanessa, social worker)*

According to some advocacy workers spoken to, who work predominantly with adults with learning disabilities, this tension between Children and Families, and other branches of social work, has been becoming evident in their own dealings with different branches of social work during multi-agency discussions. A discussion between Katie and Gregor, both advocacy workers with a local support service for disabled people, suggested that Children and Families social work tended to be more challenging than working alongside more adult based social work services:

> *Katie:* *Work with social workers….it varies quite a bit. I can think of a few people who…. I…. don't like, in social work [laughs]. That doesn't mean they aren't good at their job.*
>
> *Gregor:* *Yeah, I mean, it depends on what part of social work we're talking about. I find that Mental Health teams in social work are pretty good, they're happy for help and to work with us. But Children and Families social workers? They can be a bit more…. I wouldn't say, hostile, towards us, but…. [laughs].*

Katie and Gregor believed that social workers in Children and Families teams may have been more resistant to the involvement of outside agencies. On the other hand, they felt that other branches of social work services they encountered tended to be more open to working alongside other services that could help improve their practice, and spread their limited resources out more evenly.

All social workers discussed what they would do to improve services and practices while working with disabled adults who have been abused or victimised by disability hate crime. Almost unanimously, their responses focused on more time, more money, and more staff:

> *A huge increase in resources, as in staff, so as we'd be able to provide a good quality of service to service users who are vulnerable, they need time spent on them, bring back the therapeutic relationship.*
> *(Vanessa, social worker)*

> *We always need more money and resources. That's a given really.*
> *(Daniella, social worker)*

> *Resources, staff…. better management? [laughs] But again, I think that's where if you just fling resources at something, that's not the answer.*

> *(Adriana, social worker)*

6.4 Geographical differences in approach, philosophy, and practice

Social work services in some local authority areas in Scotland are undertaking new initiatives in relation to disability hate crime, the safeguarding of adults at risk of harm, and adults with disabilities, above and beyond what they are legally mandated to do so. Several local authorities (which for ethical reasons, will not be named), have produced various multimedia packages to help raise awareness of issues of disability hate crime(s) and/or abuse, including short films available on DVD and uploaded to YouTube; which have been broadcast on local council CCTV screens, short-plays and drama workshops; which have been taken to schools, social work, health, and police training events, to help educate and raise awareness, all with the involvement of service users, and often conducted in collaboration with other non-social work, and third sector organisations.

> *Part of the training that we've done in [local authority], we've tried to do training not just for staff around issues of adult protection and harm, but also, we've done training for adults themselves, so for, in terms of, um, disability hate crime, therefore, we've had focus groups that told us about all sorts of things that'd happened to them. From that, we’ve been developing a series DVDs, not all of them are “hate crime style" stories, but there's four of them I think that are “hate crime” stories within the ten.*
> *(May, social worker)*

The local authority area of two social workers interviewed, Lana, and May, was actively engaged in community programs involving service users, local disabled people’s organisations, care services, health, and police. Lana and May, who work in a relatively small, suburban local authority, believed that the relatively small populace and geographic layout of their local authority had allowed them to foster good relationships with their service users, and enable them to provide greater levels of service provision and working practices within their own service, and with other non-social work staff. This was echoed by Eduardo, who works at a support agency in the same area, who felt that his local social workers were easily accessible in matters of adult protection:

> *Everyone pretty much knows everybody here, y'know? Everybody's got links to most people, most people know us as a service, we know most of the others, and most people here seem to have a good idea what kinda support's available to them. Other agencies are good around here, the college and stuff…there's a lot of disability awareness and stuff here.*
> *(Eduardo, support service manager)*

In this particular part of the country, social work and support staff from non-social work services were enthusiastic about the measures being taken within their local authority. Eduardo's comment about "everybody having links" to each other seems to ring true in this part of the country, on both a personal level, and in a more professional, multi-agency context. In contrast to several other areas, this area seemed to work well in multi-agency scenarios relating to adult protection, often with social workers taking a leading role amongst police, health, housing, and care services. There was also a sense that the social workers in this part of the country were more visible, and thereby, more accessible to local residents who needed them, which was believed to have removed some of the stigma involved around having a social worker. While only two of the five social work services spoken to had current, active campaign work around disability hate crime, all were committed to adult protection, and combating disability hate crime. How much time, personnel and resources each local authority is able to designate to this area, is variable, with all services spoken to believing that they would like to do more work in the area (even those whose work in the area is already at a high level).

While the area of Lana, May, and Eduardo seem to be actively engaged with their local service users, the same cannot be said for all services in other local authorities spoken to. One such local authority, a large, metropolitan area, declined to take part in the study, believing that as I was seeking objective data, led by the testimonies of local service workers and service users, that the study was actually biased against them, as I could not ethically guarantee them a positive outcome based on my findings.[20] It is difficult to fully ascertain why this particular authority handled my enquiry in such a manner, although given the specificity of their desire to not take part in the study, I am left wondering if they did not wish to open themselves up to any potential criticism. It is important to note, that other local authorities who did not take part, cited lack of time, lack of resources, or did not respond to my enquiries. With this in mind, for a local authority to disclose that they did not wish to take part without a guarantee of a positive evaluation, raises more questions than answers.

Why this local authority chose to react in this way can only be speculation. However, several service users in the same area did not have many positive experiences working with social workers in this area. Negative testimonies of social work from disabled people in this area included issues such as failure to keep meetings, ignoring or downplaying problems, and in the case of Tina, even a serious breach of confidentiality:

> *Social workers let me see, I, I, um, [laughs] I remember I had a meeting to see a social worker, but he didn't turn up. Apparently, he was on holiday.*
> *(Isaac, learning disability)*

> *I told my old support worker that I was having problems with the social worker I had at the time, and he seemed to be defending him, rather than defending me! He [social worker] just wouldn't listen.*
> *(Kevin, learning disability)*

> *The second social worker I had, [name], I said something to her, but I said to her "don't say anything about me, don't mention what I said there". But she did, she told the people I asked her not to say anything to, which she done behind my back and told them about me. But, that is wrong, that's confidentiality, and she broke that confidentiality, and that social worker shouldn't be doing that.* [21]

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[20] Ethically, I could not guarantee *any* outcome, positive, or negative. This is also discussed in the Methods chapter.

[21] Social workers, and other individuals working with vulnerable adults, have an obligation to break confidentiality of their service users in cases where they believe the service user is in imminent danger, or may be of danger to others. While I cannot be sure if this was why Tina's

> *(Tina, learning disability)*

On balance, the social work agencies who did take part in the study seemed receptive and sympathetic to the issues faced by disabled adults in their communities. Many wished that they had more time, staff, and resources to work with service users directly, where others felt that they had to fight against their local systems to best serve their communities.

As well as the relevant legislative frameworks and professional codes of practice, it was also common for local authorities in the study to employ their own policies of adult protection to meet the requirements mandated by law, and to meet the needs of their service users. One social worker interviewed, Daniella, practiced in a large, mostly rural local authority. She was originally from a large metropolitan community in another part of the country, where she trained, and subsequently spent most of her career as a social worker. Now working in a geographically large, but sparsely populated area, and the only social worker who responded to a request for an interview from her area, she believed herself being something of an outsider:

> *I'm different here [laughs]. I'm a rebel, I guess. I feel sometimes like I have to fight the system here.*
> *(Daniella, social worker)*

Daniella's status as a self-identifying "rebel" in her social work service is interesting. She was not surprised that she was the only participant in the study from her area (in truth, she was the only respondent), as she felt this was another symptom of how she felt her current local authority were falling behind the times in relation to its social provisioning for the needs of its current constituents.

> *We don't really have multi-agency work here. I mean, when I worked in [native area], if somebody came through the door, no matter how complex their circumstances, there would've been an agency somewhere in the area that we could have signposted them*

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social worker broke their confidentiality in this way, Tina did not appear to have had this explained to her.

> *to. So, if they had really complex needs, maybe like if it was a Romanian transgender deaf person, there would, literally have been some organisation who would've been able to appropriately support that person. Here? We really don't have much at all. So, we're kinda it.*
> *(Daniella, social worker)*

During our interview, Daniella also described her current local authority as being antiquated and parochial, which she felt started at the upper tiers of the local council, and trickles down through social services. Cost cutting, and bureaucracy were also mentioned, something which was often mentioned by other social workers also:

> *We're under pressure to save money all the time. We [local authority social work] have completely different ideas about funding to other services. NHS staff here, they never think about how much something costs. Whereas social work, we have to do financial assessments on everything and everyone. Can you imagine the time constraints that puts us under?*
> *(Daniella, social worker)*

6.5 Problems and successes of multi-agency work

Lana and May both felt that services and their own practice were well served by the multi-agency work that took place between themselves, other local care and support services, health, fire, and the police. When recounting the story of a young woman with learning disabilities who had been subjected to ongoing emotional, sexual, financial, verbal, and physical abuse, multi-agency work was seen to be one of the most useful tools in helping her:

> *The multi-disciplinary, multi-agency approach worked extremely well, because other agencies have different areas of expertise, other agencies hold knowledge that one agency doesn't have, and sometimes it takes everybody getting together and sharing that to get a clearer picture about what's going on for somebody.*
>
> *[Later in interview:]*

> *Em, generally, from my own perspective and my experience in the area that I work in, I find multi-agency work generally does work well, here, in this area. I think we've got quite good connections with colleagues in health, police, advocacy services..., I think we generally do engage well. I think as well, local services in [this area] have quite a good knowledge of the Adult Support and Protection act, and our ASP services So people are clear, or seem to be quite clear when something is ASP, and referrals do come in, and that's from support staff as well.*
> *(Lana, social worker)*

Lana and May’s sense of multi-agency work was one of collaboration with other services. Professional expertise and experiences could be shared across varying services, and where possible, service users themselves were involved as frequently as possible in decision-making processes. Other services in the area were seen to be respectful of colleagues from other services, whilst still respecting professional or informal boundaries that may be in place. This was also helpful in terms of fostering relationships with other services, who previously may have been more dismissive of social work:

> *Police Scotland's changed a lot here, and the police, have changed. I've seen them evolving. Certainly locally, I think they've got a better understanding, in terms of what we can and cannot do.*
> *(May, social worker)*

However, the rest of the social workers in the study felt their efforts in multi-agency settings were often fraught with problems. In some cases, these were related to red tape, or communications:

> *If we're having a case conference, for example, you know all the agencies involved would be sent an invitation. But a lot of the time you don't get a response. You don't even get an apology if they're not coming. So, particularly from the police and health colleagues, I would say, you get nothing back. So, you get who you can, but you don't know if they're going to come, if we should wait five minutes, you know? I mean a lot of the time they do turn up, and when they do, it's a really good discussion. But when they don't, and you don't hear from them? That's not so good.*

> *(Jessica, social worker)*

Where others, felt social work, and other services, had isolated themselves from each other in their own communities:

> *To be honest, there isn't multi-agency work here, not really. Because we don't have multi-agencies. [Laughs]*
> *(Daniella, social worker)*

The lack of multi-agency work in relation to disability hate crime was difficult to attribute to any single factor. Several social workers felt that there was some level of historical dismissiveness towards social work from some services, whereas others attributed this to money and time. Gloria, a support worker at a local service who supports victims of crime, believed that funding from the Scottish Government was now so limited, that services, including social work, and other government supported services, may be increasingly competing with one another and therefore purposely limiting their work with other agencies in an attempt to ensure that they can make stronger claims for funding by keeping as many service users as possible on their books. The result of this may be that service users may find themselves with access to limited services with limited choice, as organisations complete with one another to stay afloat:

> *Funding is so tight for us, and loads of other services too. I mean, my duty's always to who I'm working with, but I can't pretend that it doesn't go-on. We're always dissuaded from calling other places if we feel that they might take our service users, because we're all fighting for funding. The more names we have on the books, the easier it is for us to keep funding applications going. Other services…I haven't seen it, but I get that kinda impression off them as well. And it's always the service users who suffer.*
> *(Gloria, victim support worker)*

While the Adult Support and Protection (Scotland) Act specifically recommends multi-agency working, and the Public Bodies (Joint Working) (Scotland) Act of 2014 was passed in February 2014 and requires health and social work services to work together collaboratively, there was little evidence found in the study to suggest that this was being actively pursued, despite services having statutory requirements to work together, with most services bemoaning their inability to foster good multi-agency working practices, again, citing time and resources as a major site of concern, but also the different workplace demands and cultures existent across multiple services (Eccles, 2008; Eccles & Petch, 2011; Stevens, 2013).

6.6 Risk, capacity, independence, and hate crime

Assessing, and understanding capacity was now seen as a fundamental part of working with adults at risk of harm in order that they can be supported to make their own decisions, with assistance where needed, from their social workers. Capacity was a difficult concept for social workers to definitively define, with most stating that departmental guidelines for assessing capacity were in place, along with the nationwide Adults with Incapacity (Scotland) Act, 2000 (Scottish Government, 2000a), which offers the legal definition of "(in)capacity" in Scotland. However, in keeping with the practices outlined in the Scottish Government's *Communication and Assessing Capacity: A guide for social work and health care staff* (Scottish Government, 2008) capacity was best assessed by working with service users to understand them, their abilities, and their needs, as opposed to simply ticking boxes off on forms.

> *Capacity's not a clear "yes" or "no", "somebody has capacity, or they don't". It's fluid. And it's decision specific. It's about a certain situation, so that's been a tricky one to try and clarify. Ultimately, we would always try and use the least restrictive option, and involve the person, make sure they're happy with everything.*
> *(Gabriella, social worker)*

The social workers spoken to in this study felt that they may be better placed to assess capacity in relation to other services, while citing effective multi-agency work, as the preferred method.

> *We would always contribute to the assessment [of capacity].*
> *May, social worker, (describing working with a service user with learning disabilities):*

Social workers unanimously agreed that enabling service users to take positive risks, (risks deemed to be low risk, but with potentially high in reward in terms of fostering independence) in regard to their own safe-guarding, was a necessary part of the process. Others believed that historically, social work may have been one of many public services who were too paternalistic and restrictive, when it came to work with adults with disabilities in the community, something which was said to be difficult for social workers when working alongside adults who may have been victims of disability hate crimes:

> *You need to balance that [taking risks] out with the Mental Welfare Commission keeping very strict tabs on us, and rightly so, about deprivation of liberty issues, do you know what I mean? 'Cause it could get very paternalistic, in terms of [laughs], "you're a poor soul and we're going to do what's right for you, rather than you being allowed to make mistakes." But it's that, sometimes it's a very fine judgement in contributing if you like in terms of capacity assessments about "is this person incapacitated, and making very terrible judgements in their life", or are we going to have to take those decisions away from them?*
> *(May, social worker)*

None of the social workers spoken to felt that any service users they worked with who had taken on board positive risks, had encountered many problems as a result of this. However, any such risks, are taken after deliberation and consultation with the service user themselves, social work, and where possible, other services. Ongoing support was also put in place for such individuals, who were frequently reminded about their security, where to turn for help, and that the option to change their current packages or support mechanisms existed if they felt they needed to. Ongoing support from both social workers, third sector services, and communities were believed by the social workers interviewed to be a good way of addressing the possible levels of risk involved in supporting service users with limited levels of capacity, to have a larger input into their support packages, something which was said to often involve service users opting for more risky situations as part of their packages than in care packages designed exclusively by services without service user input. Ongoing support allows service users to choose increased levels of independence from services if they so wish, whist still keeping them in the system, where they could be supported from a distance, and reviewed regularly, allowing for least restrictive modes of support to be maintained.

Social workers were also keen to point out that capacity and independence need to be at the forefront of service's thinking when working with service users with limited capacity. This was something they tended to believe social work currently was faring better in than it has done historically, due to the more common contemporary practice of trying to involve service users as much as possible during planning:

> *I have a case at the moment that's interesting in that sense. It's a younger person who was very unwell and in hospital for a while. Following that, she ended up with a substantial support package, 24hr. I became very involved in that and I thought right away "this is a girl who's previously been very independent, who was able to go to college, and going up on buses, doing all the things she should be doing", but coming out of hospital [she] was basically smothered by support staff. It's ended up in a position now where she's so dependent on those support staff that she's kinda lost all her confidence and skills, and we're trying to build that back up again.*
> *In my mind, that was a lot to do with the people who'd seen her when she was very unwell, who felt that she needed that level of protection and they couldn't see how she was going to get back to where she was before, so I felt that we needed to do a bit of positive risk taking there, because she'd proven at one stage, she was able to do those things, and I felt like we could get her back to there by bringing her back in to the discussion about what's going on with her.*
> *(Gabriella, social worker)*

Gabriella's last point is an interesting one, as it suggests that this service users' safety may have been a far higher concern than her independence, and that her independence did not seem to be factored into her care plans, leaving this safety-first approach, open to accusations of doing this person more harm than good.

6.7 Improving social work practice with disability hate crime

> *Chris:* *What do you think social workers could do better to improve their work?*
> *Andressa:* *Wake up! Wake up and listen to the disabled people.*
> *(learning disabilities)*

One of the major distinctions between the participants with learning disabilities, and other participants with physical impairments but no learning disabilities, was that participants with learning disabilities often felt that they were being ignored by social workers (among others), when they felt they needed help. This often seemed to be based on prior experiences as children rather than recent experiences of abusive acts, as many of the negative first-hand testimonies of working with social workers from disabled people, were from they were younger, often, many years ago. A frequent account of such childhood experiences with social work, involved a social worker who would deal with their parents rather than them directly, which often led to unwanted outcomes, such as moving into residential services with little warning, or enforced moving of schools. This may be indicative of historic social work practice with children, but it has left a considerable imprint in some users' minds. In contrast, participants without learning disabilities tended to base their positive and negative views around social work around more recent events, although most displayed a greater level of apathy and ambivalence, compared to those with learning disabilities.

Participants who were critical of social work, were open to working with social work again, with several having intermittent contact with social work at the time of the interviews. They believed that the biggest problems they currently faced with social workers, was based around communication and trust, and these could be built up over time, with the right relationship being built. Andressa, when asked what she would like to see from social workers to improve her opinion, stressed communication, longer relationships, and respect:

> *They [social workers] need to listen to us. They need to be around for a while. It's great when you've got a social worker you like, but they always go off somewhere else and then you might not like the next person, or you might not see them much.*
> *(Andressa, learning disabilities)*

In some of the larger local authorities, participants with both learning disabilities and those with physical impairments, often mentioned the revolving door of social work, where they would be reassigned a new social worker every few months or every year. This meant fostering trust was difficult, and there was always a suspicion that even the best social worker, was always at risk of leaving, and being replaced by someone else, forcing the trust and relationship to be rebuilt from scratch. This suggests that for some people, social work and social workers, are two different things, as forming a positive relationship with one social worker, does not seem to carry over to another social worker from the same service. This may prove to be challenging, as social workers may not be able to make long-term commitments to new service users regarding their long-term availability, and potentially years of relationship building, and trust may all be lost in an instant.

Social workers, too, were aware of the issues raised by constantly having to rebuild relationships with new service users. There was also a common desire to work more closely, for longer periods of time with service users, but many were unsure how this could actually be achieved given the current restrictions of their time and resources, which often took decisions about how long to work with a service user, out of their hands:

> *The problem is that a lot of social workers don't stick in there. They move. They're not in jobs for very long. They don't build up relationships, that's why I said that's what social work should be doing more than they currently are. They need to build relationships, because that's how you keep people safe, that's how they can know that they can trust you.*
> *(Daniella, social worker)*

Time, money, and management were often cited as impediments to good practice regarding disability hate crime by the social workers interviewed (although some were in management positions themselves). Social workers who felt that they had been able to adopt good practices in this area, felt that building long term relationships with their service users helped repair gaps between themselves and their service users, which may have been damaged by previous engagements with social work, as well as building trust. By building trust, working practices were believed to become easier for both parties, which could often lead to speedier interventions if a situation requiring aid arose.

This was not believed to be possible by all social workers interviewed, with some mentioning that their time and financial restrictions were so tight, they had little time to spend building relationships with individual service users, where others, bemoaned that their social workers would often be reassigned to other branches of their social work service, thus removing them from working with a whole group of service users. This lack of trust was suggested as an explanation as to why so many cases of disability hate crimes may go unreported,

> *Sometimes people don't really realise what's happening to them, and later, when you actually get the chance to talk to them about things, they're like "Oh, actually…."*
> *(Daniella, social worker)*

Daniella, who was particularly critical of her own social work service, believed that for her, such opportunities to sit down and talk with service users, either informally, or at length, were few and far between. As a result, a level of comfort was never established where service users would voluntarily open up about their negative experiences, nor would social workers have the opportunity to ask pertinent questions about suspected possible hate crimes and abuses. While Daniella believed that her service needed an ideological rethink from the top down, most social workers simply believed that their performance and practice could be immeasurably improved, with more time, money, and better links with management.

> *Steps I'd take to improve things? A huge increase in resources, as in staff, so as we'd be able to provide a good quality of service to service users who are vulnerable, they need time spent on them, bring back the therapeutic relationship. And better senior management [laughs]. Better leadership from above.*
> *(Vanessa, social worker)*

6.8 Discussion

The consensus amongst the social workers spoken to shows that while some believe the performance of their organisation is moving in the right direction in relation to understanding and responding to disability hate crime, there is still a long way to go. In some parts of the country, such as Lana and May's, there is an active and concerted effort to engage with the wider community, as well as working with other services, and including service users themselves in provision planning and practice, an effort which appears to be increasingly effective. This is in stark contrast to Daniella's area, which she was highly critical of, for being parochial, old fashioned, and largely insensitive to the needs of its disabled service users. I believe that this shows that individual social workers may be limited or encouraged by the attitudes and practices of their local service management, as Daniella was one of the most passionate social workers spoken to as part of the study, but found herself constantly battling against her local service's management and mind-sets.

Social workers also felt the pressures of time and resources acutely. There was little time for any social worker in the study to reflect upon good and bad practice in their own work, or that of others, as the current demands and bureaucracy involved in the life of a practicing social worker leaves little time for reflection. There is also little time to dedicate to individual service users who may be on the periphery of services. It is understandable that social workers must attempt to balance their limited available time towards service users who require immediate attention as they feel so stretched. They are aware however that there may be many preventable cases of disability hate crime (amongst other issues) which are slipping through the net, as they do not have the time nor the resources to adequately work with all service users who need support.

There was, however, a good understanding of disability hate crime and disability related issues facing disabled people among the social workers spoken to. There were no traces of Medical Model views present in any of the social workers spoken to, although there were elements of such ideology present in Daniella's local authority, something she, as one social worker feels powerless to change singlehandedly. For social workers, improved practice in the area of disability hate crime requires more investment and less pressure on their time, as perhaps unsurprisingly, social workers themselves, seem to be the individuals within the study who are most cognizant, and self-conscious, of the problems of social work practice in the area.

The problems of social work provision and practice in relation to disability hate crime have no singular explanation. For some who are victimised, the answer is as simple as the belief that such events fall out of the interest, remit, and jurisdiction of social workers, however, social workers themselves, would argue against this belief. Conversely, there is also the belief that such events are well within the remit of a social worker's obligation, but the results they expected from possible social work intervention, fell below what they deemed to be appropriate levels. Trust and relationship building, was viewed by all, as a key step in improving practice in the area.

For several participants with learning disabilities, their previous negative experiences with social work had a long and powerful influence over their current views and levels of engagement with social work. While some positive experiences with social workers had taken place during their lives, these tended to be vastly overshadowed by negative experiences.

Participants with disabilities who were critical of their current social work arrangements voiced concerns about not being heard or listened to, or felt that social workers were not showing acceptable levels of interest in them or their issues. As fear of reprisal for reporting disability hate crimes was given as a frequent reason for disabled people not reporting disability hate crimes until long after the event has passed. The response taken by any service from whom help is sought, be it social work, a support service, or a local third-sector organisation, must therefore take concerns about reprisals into consideration. If cases of ongoing abuse are allowed to continue, there is a very real fear among disabled participants of escalation in severity as a reprisal for seeking help. Building trust amongst service users that their concerns will be listened to, respected and dealt with appropriately, whilst protecting them from any possible reprisals, must be enacted to help improve practice, and may also have the additional benefit of increasing openness to reporting disability hate crimes by those who are affected by them.

7. Discussion of Findings

This chapter aims to draw out and reflect on the key findings identified in the previous three chapters with making connections to relevant literature as well as the broad theoretical framework underpinning the study. The first section, discusses the experiences of disability hate crime as experienced by disabled people themselves, followed by a discussion of social work and social work practice in relation to disability hate crime. The final section looks at the ways that disability and identity influence the discussions and definitions of disability hate crime, and where this discussion may be heading in the future.

7.1 (Dis)agreements and consensus over disability hate crime

Across the three sample groups of participants, disabled people, social workers, and staff from other services, there was a varied level of understanding of disability hate crime evident at a conceptual level. Participants across all sample groups were aware of and sympathetic to issues of violence, abuse, hostility and exploitation that can affect disabled people, but specific discussions around disability hate crime, bore evidence of mixed levels of awareness, similar to Mason-Bish's assertion in 2013, that knowledge of disability hate crime is far from public consciousness (Mason-Bish, 2013). There is an important distinction to be made here, between knowledge relating to abusive experiences, and disability hate crime. While under most definitions of the latter, there is bound to be some crossover, they do represent two different phenomena.

Participants from all three sample groups remain hopeful about the use of disability hate crime, although the varying levels of understanding, and somewhat combative definitions evident in the study, further evidence that disability hate crime remains a slippery, and difficult to define concept. While there remain some universal themes across all groups, issues such as how drastic an event must be to be considered a disability hate crime, and even *who* can be affected by disability hate crime, there is still much discussion necessary between disabled people, social work, policy makers, other and other services before any sort of consensus can be reached. As disability hate crime legally falls under section 146 of the Criminal Justice Act (Ministry of Justice, 2003), and the Offences (Aggravation by Prejudice) (Scotland) Act (Scottish

Government, 2009), rather than its own distinct legal framework, it remains something which is up for debate by those who engage with it at a conceptual, or pragmatic level.

The lived experiences of disabled people spoken to in the study, demonstrate that abusive patterns of behaviour against disabled people can be long term and continuous in nature. It was a common occurrence for disabled participants to recount their own histories of abuse starting at school, and for abusive behaviours to continue into adulthood (Goodley & Runswick-Cole, 2011), with the school experiences seen to have an influence in normalising abusive actions experienced in adulthood. For some individuals, the use of disability hate crime as a concept, has helped them to reconceptualise their historic and current abuses, not only as disability hate crimes but as unusual events which should be challenged and dealt with, as opposed to just an everyday part of life as a disabled person. Reconceptualising these acts of abuse from being viewed as everyday occurrences into the acts of criminality and abuse of which they are, can only be a positive step forward, moving away from the decades of disabled people being told to ignore such acts, or rather, internalising them as just an unpleasant, immovable part of life as a disabled person (Shakespeare, 2010).

Bruna, the young woman who experienced a horrific period of domestic abuse at the hands of her then boyfriend (see p142), shows the drastic effect of escalation, how a pattern of abuse, if left unchallenged, can increase in severity over time. In recent years, some attention has been paid to how teenagers (a particular concern for many participants across the study), can start targeting individuals with pranks, and gradually escalate into more serious forms of aggressively targeted behaviour as they age, providing these gradual incremental increases remain unchallenged (Palasinski, 2013). She was not the only individual in the study to be targeted over a long period by a specific individual (although she was the most willing to go into detail), and the experience of abuse and disability hate crimes as an everyday occurrence, seems to have been reinforced in both the minds of the disabled people in the study, and also, they believed, in the minds of their aggressors.

One of the surprising (and somewhat unexpected) findings of the study, is the way in which disability identity has manifested itself into discussions around disability hate crime. Participants from the social work, and non-social work services sample groups expressed ideas influenced by the social model of disability, their attitudes tended to be person centric, focusing on the individual, basing their practice (where possible) around relationships, trust, capacity, respect, and fairness. They placed little emphasis on a Medical Model based, corporeal idea of disability. The definitions and understandings of disability from the disabled people sample group, were far from universal, with a sharp difference emerging between physically impaired participants, and those with learning disabilities.

Amongst the sample of disabled people, there was a newfound, noticeable confidence and pride in their identity as a "disabled person" amongst those with learning disabilities, something which must surely be considered a positive development, especially for those who have had to endure negative experiences, (including abuse and disability hate crimes) which may be believed to be motivated by their disability. The reclamation of a disabled identity as a positive identity, has been a longstanding tenet of the Social Model, and post Social Model thinking (M Oliver, 1990; UPIAS, 1976). The concept of disability hate crime, for several participants in the study, seems to have been a key component in this change, as they now had a justifiable reason to challenge the negative behaviour and attitudes of others. This may partly be the result of the way that disabled people who engage with disability hate crime, either conceptually or more pragmatically, have been enabled, and in some cases, encouraged to contribute, shape, define discussions as to what disability hate crime actually is, and who it affects. The feeling of ownership of disability hate crime amongst those with learning disabilities in the study was palpable, in stark contrast to those with physical impairments, who overall displayed far less engagement with the concept. This bears some resemblance to the development of "Mad Studies", a loose and emerging area of scholarship and activism primarily undertaken by individuals with mental health issues, neuro-diversities, and psychiatric patients (Costa, 2014), who seek to subvert the existing practices of "recovery" in mental health, which Mad Studies adherents believe have been unfairly co-opted by medical professionals, at the expense of those experiencing mental health issues themselves (Beresford & Russo, 2016; McWade, Milton, & Beresford, 2015).

This uniformity of disability in definition and concept, is in a surprising contrast to the sample group of disabled people, as a clear divide amongst the participants became evident early on during data collection, between participants with learning disabilities, and participants without, the latter consisting of participants with some form of physical impairment. The participants with physical impairments, displayed far less interest in engaging with issues related to disability, although that is not to say that there was no interest whatsoever. To them, there was an oft recurring theme around how they, as people with physical impairments, placed more emphasis on their disabilities in their youth (or rather, they had more emphasis placed on them externally), than as adults, becoming able to challenge, downplay or even reject this aspect of their identity as they grew older, frequently citing it as a less important aspect of their overall identity. While none of these participants felt ashamed of their disability, they did show that it was not a part of their identity that they were comfortable basing their lives around, which bears a semblance of Irving Goffman's ideas of disability identity, being a "spoiled identity" (Goffman, 1963), that being an identity which can hinder a person's ability to be fully accepted into their society. The physically impaired participants showed elements of this in their youth, where they were more eager to hide their disability, but instead of hiding their disability as they aged, they tended to supplant it with other aspects of their identity they felt were more important. This reframing of disability as an element of their identity, rather than the defining element, is a good example that disability itself, remains a fluid concept (Tajfel, 1978), one which is up for debate and reformulation from those engaged as such. Over the last 40 years, disabled people have, and continue, to change, challenge, and redefine the way they view themselves, and as a result, the way society views them (Darling, 2013), and the participants in the study, certainly are no exception.

This exists very much in contrast to the people with learning disabilities who took part in the study. Among them, there were far more explicit expressions about how they had in earlier life, viewed their impairments as a negative aspect, something to overcome, something to challenge, and in some cases, something to hide and be ashamed of. Whereas the participants without learning disabilities had managed to accept their disabilities by reframing their identity around other parts of their lives, a large number of participants with learning disabilities had moved away from being ashamed or embarrassed about their disabilities by placing it as the cornerstone of their identity, something which positively or negatively, would have an impact on every aspect of their lives.

There were several participants with learning disabilities who were highly dismissive of disabled people without learning disabilities being included in categorisations and concepts relating to disability hate crime, with individuals such as Kevin (a young man with learning disabilities), disregarding the legitimacy of people with physical impairments as having a claim to be disabled at all. This in itself is an interesting inversion of some more tradition ideas of hierarchies of disability, where different types of impairments and disabilities can be seen as more/less empowered, important, disabled, or powerful (Deal, 2003). In contrast to the participants in this study, traditional concepts of hierarchical disability, have tended to place individuals with learning disabilities towards the bottom of the hierarchy (A. Thomas, 2000; Tringo, 1970). Participants with learning disabilities in this study, seemed to not only place themselves high in the hierarchy of disability, but also, in some cases, specifically excluded those who were different to them; specifically, people with physical impairments, without a learning disability.

The physically impaired participants in the study did not readily associate themselves with their identity as a disabled person, but also, did not engage with disability culture with the same enthusiasm as those with learning disabilities, a phenomenon which has been taking place for some time, as physically impaired people move ever increasingly into arenas of public life where their impairment is not their major defining characteristic (Watson, 2002). This seems to have created some of the animosity felt by participants with learning disabilities, when it comes to discussions of disability hate crime. It is interesting that both people with learning disabilities, and those who are physically impaired without learning disabilities, tended to view crimes against the latter more predominantly as “general crimes”, rather than (disability) hate crimes, although both groups have arrived at this same conclusion from drastically different points. Participants with physical impairments, rather than jumping to a conclusion of being victimised by disability hate crime, tended to view themselves as victims of crime in most cases, unless they had reason to believe that they were targeted specifically due to their impairments. In an unusual comparison, participants with learning difficulties who also believed that physically impaired people were merely victims of crimes rather than disability hate crimes, tended to believe this was the case as the term and concept of disability hate crime, was not applicable to people without learning difficulties.

This interesting binary may be part of how people with learning disabilities have reframed their identity, and may see people with solely physical impairments, as a potential refutation, or challenge, to how they view themselves. The participants with learning disabilities, even those who did not feel strongly about excluding participants with physical impairments from discussions around disability hate crime, still expressed a high level of ownership of the concept if they were involved in any sort of disability hate crime activism, and were wary of "outsiders" attempting to contribute to these discussions. The relative hostility and protectiveness of disability hate crime as a concept towards those without learning impairments, follows Fiske and Ruscher's (Fiske & Ruscher, 1993) ideas of disability activism and identity following a group of "in" individuals, and "out" individuals, where the aims of the "in" group can be hindered by those in the "out". In this case, the "in" group of participants with learning disabilities were resistant to those without, the "out" group. Based on the findings in the current study, it would appear that the "in" group of disability hate crime activists (who almost entirely consist of participants with learning disabilities), are more resistant to allowing any "out" group members into this discussion, suggesting that they are far more interested in defining and categorising disability hate crime, than those with physical impairments.

7.2 What is the role of Social Work, and what are some of the barriers faced?

One of the more striking findings from the study, is how little third-party reporting of disability hate crime there actually is. As discussed in the previous chapter, third-party reporting currently represents an important policy from Police Scotland's attempts to combat disability hate crime (Police Scotland, 2017a), and has been an oft referred to strategy to raise awareness, and protect individuals (S. Clement, Brohan, Sayce, Pool, & Thornicroft, 2011; Roulstone et al., 2011; Chih Hoong Sin, 2013). It is a long established fact that most disability hate crimes go underreported (COPFS, 2013b, 2014, 2016; Eastgate et al., 2011), and while it was hoped that third-party reporting will give those experiencing disability-hate crimes a safe and secure method of reporting it, it does not seem to be having a significant impact. Measures have been implemented to make third-party reporting possible at over 400 locations across Scotland, such as community centres, health centres, hospitals, libraries, Citizens Advice Bureaus, public service buildings, and even caravan parks (Police Scotland, 2017b), and despite this, reporting remained low, and knowledge of what third-party reporting actually is, was non-existent among the disabled people in the study.

Many participants were engaged with services which were registered as third-party reporting centres (sites registered as such commonly display that they are reporting centres via stickers on their premises), but as participants expressed no knowledge of either what third-party reporting is, or of where third-party reports can be made, this suggests that much more needed to be done to raise awareness. The third sector services involved in the study, almost all of whom themselves were third-party reporting centres, had reported next to no instances of third-party reports being made either. This leaves the effectiveness of third-party reporting difficult to assess, as there appear to be so few avenues to explore. Social work, and third-sector services do hope that it will improve service in relation to disability hate crime, but in reality, this remains to be seen, and if it is to improve, there must be an active effort to improve its awareness and effectiveness. With resources currently spread thinly across social work and other services involved in adult protection, may then need to work together collaboratively to raise awareness, before third-party reporting is realised in the ways it has been hoped for.

The social workers who participated in the study, as a whole, held views on disability which are largely in keeping with Social Model ideas. Knowledge specifically on disability theory amongst the social workers was mixed, with some making mention to specific parts of disability theory, whereas others demonstrated less theoretical knowledge, but still practised in ways in keeping with modern disability theory. It is important however to note that the views and ideas of disability expressed by social workers were very much in keeping with Social Model and post Social Model ideas, even if they were not expressed as such. Knowledge of disability theory is currently a key recommendation for social workers working with disabled people (Mike Oliver et al., 2012), and while not all social workers spoken to were able to specifically mention disability theory, it is reassuring to note that social work as a profession has seemingly moved beyond the Medical Model, and embraced ideas more in line with the Social Model.

This seemed to be most evident from the social workers who mentioned putting person centric practices (Oliver et al., 2012) at the heart of their practice whilst working with disabled people. Person centric practices, where social workers could take Social Relational Model ideas of seeing disability in terms of the life, and environment of the individual, into account, whereby placing more emphasis on individual service users' own circumstances and experiences of disability into consideration, were desired by all social workers spoken to, although it was not universally reflected in practice, something often attributed to lack of time, money, and other resources. While it was common for social workers to cite lack of time or resources as the main obstacle hindering person centric approaches, ideology also played a role. As Daniella mentioned, she felt that her wider service was not keeping up with wider societal acceptance and understanding of disability culture and was trailing behind other services in its outlook, something she attributed to her service having outdated views, which she felt were more akin to years previously, when disabled people were more removed from their communities, something she felt was evidenced by the fact she was the only social worker from her area who even responded to my initial contact. This was also a strong theme evident across the participants in the disabled people sample, of negative experiences with social work at earlier points in their lives, and the lasting negative impact this has had on their views and attitudes to social work, although some had mentioned that they were now enjoying improved practices in some parts of the country.

7.3 The way forward: How social workers want to work better with disability hate crime

While multi-agency work is desired, and legally required by the Adult Support and Protection (Scotland) Act (Scottish Government, 2007) and the Public Bodies (Joint Working) Act, 2014, participants from both social work services and third sector services have expressed that barriers to multi-agency practice remain. The challenges in multi-agency work expressed by social workers in the study are reflective of some long standing, established problems in this area, where different policies, definitions, and even different professional outlooks, create discrepancies and disagreements between services (Stevens, 2013; White & Featherstone, 2005). Participants from both social work, and non-social work services did, however, frequently make mention that improving lines of communication between different, such as being able to arrange multi-agency meetings, or collaborate quickly for speedier responses to issues faced by their service users, were more central to good practice than long drawn out discussions around ideological or terminological differences between differing services.

Social workers often cited that they believed that one of the best ways of tackling disability hate crime, was to integrate disabled people more prominently into their communities, something which has been sought after for many years in relation to disability policy (Hogg, 2013; MacDonald, 2015). Social workers in the study, as well as many from third sector organisations, viewed the community at large as being an important instrument in adult safeguarding, and challenging disability hate crime. The social work participants in the study viewed themselves as part of this community driven process, and believed strongly that an overly paternalistic approach to dealing with disabled people who are experiencing some level of victimisation, would only make their life situations worse (Allen & Brodzinski, 2009). The challenge then, is to enable people of various (dis)abilities and capacities, to make informed choices about their own safeguarding and protection, without services being too overbearing to the point where they themselves are actively hindering life-chances, whilst simultaneously attempting to stop holes in service provision from developing, which may be exploited by aggressors (Fitzgerald, 2008; Local Government Association, 2018).

In this sense, the community can help mitigate any potential risks developing at an early stage, as care and support of vulnerable individuals, or individuals in vulnerable positions, can be accommodated and supported from a variety of sources, rather than creating an overdependence on one specific service (Dixon & Robb, 2016; Green, 2007). From the social workers spoken to, this seemed to represent both a desire for ongoing improvements to their practice, and also, a measure to ensure adequate levels of support to their service users during current periods of extreme time and cash pressures placed upon them. This is in contrast to Renshaw's earlier study, (Renshaw, 2008), where it was found that some social services believed that by engaging communities more in the provision of adult safeguarding, this may actually undermine social work efforts. The difference between Renshaw's findings and those of the social workers spoken to in this study, may represent a different ideological approach to practice, but it also may reflect the different economic realities that social services in are facing in the mid-2010s compared to 2008, as services now have endured years of cuts to funding (Pearson & Ridley, 2016; Wiggins, 2012), placing economic concerns high on the agenda for how social work services deliver practice. With this economic concern in mind, it may be understandable that social workers may be more receptive to other services, than in the past.

Even though social workers are willing (and legally obligated) to work alongside other services, and their wider communities to develop adult protection and safeguarding procedures, it did appear that this is still proving difficult in practice. Many social workers specifically cited that as they cannot, and do not, spend the majority of their time working with one specific individual service user. They were keen for services and communities to help work collaboratively with them, forming a first-line of defence (Fyson & Kitson, 2010; Smale et al., 2000), against victimisation and abuse, which can alert services, and community members, to issues more quickly, allowing for aggressive incidents to be dealt with sooner rather than later. The community-based approach was also believed to have the added benefit of supplying continuing measures of support, (such as streamlined communication between agencies, service users, and other invested parties), where if incidences of disability hate crime or other abusive behaviours were witnessed, support for affected individuals would not be limited to the sole area of social work. Such ongoing procedures within a community could have benefitted Bruna (see page 140), as she found herself trapped in a situation where she had no community support, and no ongoing support, both of which could have played a significant role in bringing her to safety sooner than the situation she found herself in.

Social work services who were seen to be performing well in their local area in relation to disability hate crimes specifically (according to local service users and services themselves), tended to be have a more visible social work presence in their local communities than those who were less visible. Also, services who showed higher levels of multi-agency work, reported more satisfaction with their levels of service in comparison to those who cited difficulty working with other agencies, something which has been shown to have a significant benefit to social workers efforts in catching, and dealing with disability abuses and victimisations at an early stage (Mishna, 2003b). This reinforces the idea that multi-agency work can provide social work services with extra capabilities to deal with disability hate crime at an early level, and maintain a level of support to affected individuals, greater than they may be able to in isolation from other services (Fyson, 2009; Fyson & Kitson, 2012; Mills, 2009).

8. Conclusions

This concluding chapter contains a summary of the findings discussed in the previous chapters, while also suggesting areas of the study which may be considered useful for further research, along with its main contributions to wider knowledge. The main findings from the study are summarised, as well as some key recommendations at the end of the chapter. At this point, it may be useful to again highlight the main questions driving the study.

Main RQ: What are disability hate crimes, and what are social work services doing in response to them?

SQ1: What are disabled people's views and experiences of disability hate crime and other aggressive behaviours that they have experienced?

SQ2: How is disability hate crime understood conceptually, and is this useful for those affected, and the services working to help them?

SQ3: How do current social work practices address hostile actions and hate crimes directed towards disabled people?

SQ4: What is the wider implication of disability hate crime conceptually, and in how does this interact with disability identity?

8.1 The complicated understandings of disability hate crime

The findings from the study show that disability hate crime as a concept, remains as tricky to define as literature suggests (Mason-Bish, 2013; Roulstone et al., 2011). Participants across the study from all sample groups, viewed disability hate crime as some form of abusive act towards a disabled person, but this is where the similarities end. Social workers, and other non-social work services, tended to view disability hate crime in pragmatic terms (as opposed to conceptual terms), either as a tool to help foster awareness of the abuses faced by their disabled service users, or as a means to bring abuses to light so they can be challenged.

The sharp difference in how disabled people themselves view, and use the concept, is one of the more surprising findings to emerge from the study. For individuals with learning disabilities in the study, there was a strong sense of ownership and pride over the term, suggesting high levels of engagement with the concept. They often had precise definitions and appeared to have given the idea some thought ahead of time. Participants with physical impairments found the term less useful, and seemed to be less attached to the term, and did not have any sense of empowerment from the term compared to participants with learning disabilities. The physically impaired participants expressed more apathy, (rather than enthusiasm or derision) to the term, although they may engage with it more in the future as the concept of disability hate crime develops.

The varying definitions found in the study, demonstrate that the concept is still fluid and contested. As disability hate crime has no official, widely adopted, or even a legal definition in the UK, public consciousness of disability hate crime is seen to be low (Mason-Bish, 2013), these varying definitions and confusion around the term and its usages, may remain commonplace for some time to come. However, given the findings that suggest that people with learning disabilities actively engage with the term, they may be influential in future discussions and debates about the term that result in an agreed definition being adopted. Their expertise, views and activism in this area should be harnessed by those who seek to further understand disability hate crime. While I do not share the strong viewpoints of a disabled person such as Teo, who believed that he and people he believed to be similar to himself should have a monopoly on the definitional parameters of disability hate crime, I have walked away from the study with the strong view that academics should not be the ones to define disability hate crime. For disability hate crime to work conceptually, theoretically, and most importantly, in practice, its definition needs to come from those who are either directly affected by, or work with those who are affected by it. One of the major gaps in knowledge identified early in the study, was that the voices of disabled people in particular are going unheard in relation to studies and discussions about disability hate crime. I still believe this to be the case, and I do not believe that this is something which will be aided by academics setting parameters about what is and what is not disability hate crime.

Instead, I feel what can be offered from in studies such as this, are guides as to avoid further confusing the term. Based on the findings of this study, I believe that future discussions about the definition of disability hate crimes, can be aided by adhering to several points:

1. **Discussions need to be inclusive.**
   Teo's opinions should not be discounted wholesale, but his keenness to exclude people dissimilar to him from the discussion is unhelpful. Professionals working alongside disabled people, should also avoid having insular discussions, and where possible, including other services, and disabled people with a variety of impairments, to work together to find a definition that works for all.
2. **A "lower limit" must be agreed.**
   For disability hate crimes to be taken seriously, particularly by policy makers and the police, there needs to be some agreed upon lower limit. While some participants in the study felt empowered by understanding the negative experiences in their worlds via the lens of disability hate crime, the term will begin to lose any and all meaning if it is inclusive of trivial acts of (perceived) rudeness by the public.
3. **There should be no statute on historical events.**
   Aggressive acts against disabled people have existed far longer than the term disability hate crime. By allowing events from earlier in people's lives to be talked about in terms of disability hate crime, it will help inform how we can learn about, an learn to talk about events from personal histories.
4. **Language needs to be consistent, and specific.**
   Common amongst participants with learning disabilities in this study, was the conflation of "bullying" and "hate crime". While there is crossover and similarity behind most common definitions of the two topics, they both represent different acts. By using specific language to talk about specific events, discussions will find more clarity. Different services, organisations, formal and informal groups, must all work together towards the eventual aim of having consistent language and terminology, so messages can be communicated (and understood, quickly, and clearly.

8.2 Social workers are sympathetic, but want to be able to do more

Social workers themselves were universally sympathetic to disability hate crime issues, and to issues facing their disabled service users. The understanding of disability hate crime across the group was more analogous across the entire group, with their definitions also bearing a strong similarity to that of the participants from the non-social work services. Social workers also held views akin to the Social Model of disability, often referring to environments, and social factors, as the main elements of disabling individuals, as opposed to their impairments.

The social workers in the study were not wholly enthusiastic about disability hate crime as a concept. While many felt it represented something they seen regularly in their practice with service users, others felt the term was potentially open to misuse and abuse. Social workers, however, were unanimous in hoping that a greater awareness and understanding of disability hate crime might improve their practice in this area, thus keeping their service users safe. Further debate in this area would therefore be warmly welcomed.

When reflecting on their own practice, social workers believed that time, and money, were currently their biggest barriers to working with those who had experienced disability hate crime, although some were critical of other factors, such as management bureaucracy, and even local organisational culture. These issues do not only represent a challenge for social workers in relation to disability hate crime, but social work as a whole.

Social workers also mentioned that they were keen, where possible, for service users to take positive risks (DoH, 2009b; Hollomotz, 2011). This presented them with a new set of challenge, as the social worker group were all keen to avoid bringing over paternalistic and restrictive practices into their work with service users with disabilities (Bell et al., 2005). This is a particular source of difficulty for modern social work practice, as encouraging positive risk taking can yield tremendous results to the quality of life of a service user, but can have damaging results if a risk does not pay off.

Decisions around risk taking, were believed to be more effective when taken in collaboration with other services, as well as with service user themselves, in a multi-agency setting. Effective multi-agency work was seen as a much-desired aspect of social work with disabled people, particularly in cases of adult protection, but effective multi-agency work appears to continue to be difficult to achieve in practice. Two social workers from one local authority, who felt that their service was working well in relation to disability hate crime, believed this was aided enormously by the effective support of multiple agencies working together, with clear and efficient lines of communication in place between these agencies. While this was not the case for every local authority area with social workers taking part, the work being done in this part of the country, should serve as an example to others.

8.3 Community awareness is helpful, while third-party reporting is not taking hold

An oft mentioned factor in the prevention of (and responding to) disability hate crime, was increasing the involvement of local communities. By raising awareness of disability hate crime issues in communities, the social workers and non-social work services participating in the study hoped that incidences of disability hate crime would be identified at an earlier stage, helping to foster more effective responses. Social work presence in the community can also help with this by building confidence amongst service users regarding social work practice, and importantly, helping to foster links with other services. This community engagement was also thought to lessen the time and monetary pressures placed on social work, as good community relations brought with them quicker and easier communications between service users, social work, and non-social work services (such as care, health, or the police). This could result in matters being responded to more appropriately, with a greater level of support from multiple angles, enabling service users themselves to take more positive risks, while maintaining a high and effective level of support.

An important part of community engagement with disability hate crime, is the ability to report suspected disability hate crimes via third-party reporting centres. Third-party reporting is now a major part of Police Scotland's disability hate crime strategy (BBC News, 2016; Police Scotland, 2017a), although in practice, there is still much work to be done. None of the disabled people who took part in this study were aware of third-party reporting. Therefore, it appears unlikely that third-party reporting as an option is widely recognised amongst the wider public. Several non-social work services participating in the study were also registered as third-party reporting centres, but had had few instances of reports being made, if any. This may be explained by the apparent lack of wider awareness, as evidenced by the disabled participants in the study. It is difficult to assess the effectiveness of third-party reporting in practice at this stage, due to its relatively low level of awareness.

8.4 Disabled people’s engagement with disability (concept or identity) drastically changes engagement with disability hate crime

One The study found that those who felt a closer attachment to their identity as a “disabled person”, felt more engagement with a disability centric issue such as disability hate crime than those who primarily identified in other ways, however, it was surprising to see how this has manifested itself in relation to disability hate crime conceptually.

Identity appears to play a significantly large role not only in a disabled individual’s engagement with disability hate crime conceptually, but also in how they view themselves and others. While it was encouraging to see how much confidence, and empowerment seemed to be gained by several participants with learning disabilities as a result of engaging with disability hate crime activism, it is worrying that part of this empowerment, seems to come at the expense of people who they viewed to be different to them, specifically, disabled people without learning disabilities. It may be difficult to advance discussions and understandings of disability hate crimes given that some of the most vocal proponents of disability hate crime (as a concept) in the study, seemed keen to shut out those who they deemed to be non-disabled people from the discussion entirely, and may take great offence to any such discussion, activism, policy or legal developments which include physically impaired people.

It is hard to argue that people learning disabilities are the sole recipients of disability hate crimes, although it has been shown that they have considerably more attachment to the concept of disability hate crime, than those with only physical impairments. As the physically impaired participants in the study appeared to view their identity more in terms of other aspects of their personality, there was some level of reluctance felt towards engaging in primarily disability centric settings (such as disability hate crime activism), which may limit their contributions to the development of disability hate crime as a concept. Their contributions may not be welcomed by some individuals with learning disabilities, as several participants in the study felt that physically impaired people, are not even disabled people, and therefore, not susceptible to be victims of disability hate crimes.

It is important to note, that such an extreme position, was not a universal outlook of the study's participants with learning disabilities. Although, the distance felt from a disabled identity from the participants with physical impairments was strong across all participants. Those with physical impairments viewed hostile acts that they may have been subjected to as criminal acts, rather than disability hate crimes. This does present a considerable challenge to those seeking to more clearly define and understand disability hate crime moving forward, as there appears to be a lack of strong interest from physically impaired people, and a strong desire to ring-fence the parameters of the discussion from some people with learning disabilities, meaning that the biggest challenge may be around overcoming an elongated argument over its conceptual and definitional understanding.

8.5 Service users' scepticism of social work

One of the other main problems facing social work in relation to disability hate crime, is the apparent scepticism, and reluctance, felt amongst disabled people towards social workers. The low levels of confidence that the disabled people in the study felt towards social work, tended to be based on their experiences with social workers when they were children, more so than on recent experiences, although these childhood experiences have had a long-lasting effect. Several service users expressed concerns about the limited contact they had with their social workers, and the frequency with which their social workers were replaced which made fostering relationships and trust difficult.

Disabled people suggested that social workers would be low on their list of professionals or organisations to turn for help in the case of a disability hate crime incident, with some participants saying that they didn't feel that disability hate crime fell within the remit of social work, something that the social workers in the study argued strongly against. Raising awareness in communities of how social workers can help with issues such as disability hate crime, appears to be a simple measure to increase engagement with social workers, and help build a better, more positive understanding of social work amongst those individuals who have had previously poor experiences, and have resultantly distanced themselves from services. From the perception of social workers evident in this study, which ranged from negative to apathetic, there does appear to be work needed to mend fences and build bridges between disabled service users, and their local social work services. Tackling disability hate crime may then actually represent a method to help improve these relationships, as social workers working alongside those disabled service users who are impassioned about disability hate crime, will find themselves working alongside the same service users who have drifted furthest away from social work.

8.6 Normalising abusive patterns to the point where abuse is no longer considered abuse

The findings of the study reaffirm that for many disabled adults, abusive acts, such as disability hate crimes, are still a common part of life as a disabled person (DRC, 2004; L. Jones et al., 2012; Quarmby, 2011; Quarmby & Scott, 2008). For this study's participants, these experiences often started at school, and continued into adulthood. This is an important factor, as for many participants, they were encouraged from early ages to ignore acts of bullying from their peers, and as they have aged, and bullying has turned into abuse, the adage of "just ignore it" still holds water.

Although social work, and non-social work services participating in the study stressed that they no longer agreed, or encouraged their disabled service users to ignore abusive experiences, and instead, to speak up, and seek help, there does remain a problem that disabled people find it difficult to reach out for help, and even, to recognise when they are being abused. Some participants felt that they had no option to challenge the abusive behaviour they received historically, which in turn may have allowed abuse to go unchallenged over long periods of time.

This presents a considerable challenge. Not recognising abusive acts as forms of abuse, let alone, as disability hate crimes, may explain why statistics of disability hate crime are thought to be a vast under-representation of actual incidents, (I Am Me, 2015). This may also offer an explanation as to why so many acts go unreported to any service who may aid, such as the police, support services, and social work themselves. It is important, that disabled people can recognise abusive acts they experience as abnormal, undeserved experiences, which should be challenged if at all possible. For disabled people as a whole to challenge disability hate crime, there needs to be much more awareness of abuse, while services themselves, must offer safe passages out of abusive situations for service users currently exposed to disability hate crimes, and on-going abuses.

8.7 The contribution the study makes to the field

This study has shown that disability hate crime as a concept, remains difficult to define, makes new links to the concept of identity, showing how the two are linked. As the physically impaired participants in the study tended to view their disability as less important than other aspects of their identity. This was not the case for those than those with learning disabilities. Ts, the challenge for disability hate crime as a concept, is to bridge these two differing levels of identification of disability. If physically impaired people do not engage much with the identity of a disabled person, is it then possible for them to engage with the idea of being the victim of a disability hate crime?

There also appears to be a significant amount of territorialism over the terminology, and definitions of disability hate crime amongst some people with learning disabilities. For some of this group, disability hate crime, has been an almost emancipatory experience. It has finally allowed enabled some of them to understand and challenge experiences of abuse and victimisation. The force of this conviction, for some, has resulted in a narrow model of disability hate crime, where it is the exclusive remit of similar individuals (in this study, these were other people with learning disabilities). As disability hate crime still has no widely adopted, or official definition, realistically challenging such narrow definitions of disability hate crime may result in a long conceptual debate over terminology, rather than focussing on how to actually address the instances of abuse, violence, and aggression, which are affecting the lives of disabled people.

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The study also shows that social workers are keen to work with disability hate crime, but are not always able to practice as effectively as they would hope to, owing mostly to financial constraints and time pressures. The social workers interviewed for the study, did however, hold sympathetic beliefs to disabled people as a whole. Social workers understood disability in terms of environmental, social, and cultural terms, as opposed to corporeal terms, and as such, were aware of environments and social situations where disability hate crimes may develop. Social workers themselves were also vocal in their support for more involvement from their wider communities, citing them as a key measure in combating disability hate crime effectively. The call for better multi-agency support featured strongly amongst the social workers interviewed.

Social workers themselves also were aware that some disabled people, still hold negative opinions of social work following earlier experiences as children. Rather from shying away from this, the social workers in this study were keen to tackle this problem, however, they need the time, money, and the support of their managers to fully rectify this. Working on disability hate crime issues, and taking part in disability hate crime activism alongside disabled people, may help rebuild relationships with service users, who have been subjected to negative experiences with social workers in the past.

8.8 Ideas for further research

This study confirms the findings of previous studies that have shown that disability hate crime is a loose and contested concept (K. Hall & Gorman, 2017; Mason, Maher, McCulloch, Pickering, & Wickes, 2015; Wickes et al., 2017). This study has argued that disability identity and in particular the differing views and experiences of different groups of disabled people have added to this uncertainly. These findings should be explored in more detail, so that a collective understanding of disability hate crime can be found. This may contribute to more effective future discussions around policy and legislation that can operate around a single, consensus driven definition, as opposed to the varying understandings currently in use across a range of key stakeholders including disabled people, social workers, and other professionals. Whilst this study focused physical impairments and learning disabilities, there may be interesting work to be taken of a similar nature involving those who did not feature in this study, such as individuals who with recently acquired impairments, or members of the deaf community, who, as a group with a fractious relationship to disability, may offer some unique insight into disability hate crime conceptually. Further research is imperative to develop the conceptual understanding of disability hate crime, so that further research in the field can operationalise the concept clearer, and turn attention to more research based on the actual acts and motivations of disability hate crime.

As mentioned throughout the study, quantitative work in relation to disability hate crime is problematic, and therefore sparse. This may also have some relation to the conceptual differences over what disability hate crime actually is (and who can and cannot be affected by disability hate crime), the statistical issues regarding disability hate crime still represents a gap in knowledge that needs to be addressed. However, as research helps unpack what disability hate crime looks like, and who is engaged in its activism, this may lay the ground work for further quantitative studies in the area. Also, if third-party reporting becomes more commonplace in the wider public consciousness, greater statistical data will begin to emerge about reporting over time.

A final area which this study has not been able to address is the views, motivations and experiences of the perpetrators of disability hate crime. Again, this is made conceptually difficult given the issues around definitions and concepts of disability hate crime, as discussed above, but is also made difficult because little research on offenders exists which specifically mentions disability hate crime. Participants in this study have largely only been able to offer speculation as to why they or their service users have been targeted in relation to their disability, the final piece of the puzzle may lie with those who commit the actual acts, rather than those who receive them. Answering the "why" of disability hate crime, may offer valuable insight as to how to challenge it, an insight we do not have at the moment, but one which would aid study in the field immensely.

8.9 Key messages

Disabled people are still affected by acts of aggression and violence at a rate far higher than those without disabilities, and work is still to be done to challenge this. This study has explored how disability hate crime and social work interact. To do this, it was important to look at disability hate crime, and social work, both as separate issues, and as two parts of a constituent whole. The findings from the study show that disability hate crime, is a complicated subject, and although it may appear to be a self-explanatory term, there is still much debate to be had before a universally accepted definition can be reached. I feel strongly that this definition must be reached by those who experience the events themselves, and those who work alongside them. As such, I do not feel that studies such as this alone are capable, or even appropriate, to define the term single-handedly. Definitions, however, are important. Clarity over the term will help raise awareness, and help the term begin to realise its full potential.

There are several key recommendations to be made to challenge this based on this study's findings. The first, is that by treating disability hate crime as a community wide problem, (one which invokes an individual’s entire community of friends, family members, support/care services, health professionals, and social workers), aids the work of all involved in keeping disabled people safe from abusive situations, and disability hate crime. A community driven approach also helps foster good multi-agency practices, which despite being legally required, are still not being universally adopted throughout Scotland. As this is something which was actively sought by the social workers in the study, there is hope that this enthusiasm will be reciprocated amongst other services involved in adult protection. Third party reporting, while laudable, is not gaining traction, and further work must be done to improve awareness of it amongst disabled people, or seek a new approach entirely. Social workers themselves, while universally supportive of disability hate crime issues, are hamstrung by either funding or lack of time, and in some cases, local attitudes. These are areas that must be addressed for social workers to feel that they are doing everything they can to help those affected by disability hate crime.

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10. Appendices

10.1 Participant information sheets

10.1.1. Participant information and consent sheet – Disabled Participants (standard)

The role of Social Workers in Responding to Abuse and Hate crimes against Disabled People

School of Social Work and Social Policy

Participant Information Sheet

Introduction

Hello, my name is Chris Fox. I am currently a postgraduate researcher studying for my PhD in Social Work at Strathclyde University. I can be contacted at chris.fox.2013@uni.strath.ac.uk if you have any more questions or require any information not mentioned below.

What is the purpose of this investigation?

This project is an examination of how social work services and staff are addressing various forms of incidences of hostile actions directed at disabled people in Britain today such as such as bullying, violence, name calling, emotional, financial and physical abuse, as well as ‘disability hate crime’, in the hope of giving a voice to disabled people who have been affected by such issues. The information emerging from this research will be used in a PhD thesis and subsequently in journal articles and conference papers in the following years.

Do you have to take part?

Participation is entirely voluntary, and you are free to withdraw at any time without repercussion.

What will you do in the project?

Participants will take part in a one to one interview conducted by myself, which should last about 60 minutes.

Why have you been invited to take part?

Part of this study is looking at the experiences of disabled people who have been targets of a range of hostile actions (ranging from name-calling to violent abuses) related to their disability, and who may or may not have had any social work contact about this.

What are the potential risks to you in taking part?

As we may be discussing sensitive or traumatic events in your past, it is possible this may be upsetting. The interview will be paused if you become upset at any point, and you will have the option to resume the interview after a break, resume the interview another day, or withdraw the study entirely if you wish.

What happens to the information in the project?

All findings will be anonymised to protect participants' identity, although, if there appears to be an immediate risk to your personal well-being based on our discussion, I have a duty to pass this information onto a social service manager. With your agreement, interviews will be recorded using a portable microphone, but recordings will only be available to myself, and permanently deleted within three years of the study's conclusion. Any other data emerging from the interviews will also be permanently deleted or destroyed within the same time period. If you wish, you will be able to withdraw your information within one month of this interview.

The University of Strathclyde is registered with the Information Commissioner's Office which implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

What happens next?

If you are happy to be involved in this project, you will be asked to sign a consent form to confirm this. If you do not wish to be involved, thank you for reading this sheet. Participants will be sent a summary of the main findings of the project upon its completion.

Researcher Contact Details:

Mr Chris Fox,
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HaSS Graduate School
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Chief Investigator Details:

Dr Gillian MacIntyre
Senior Lecturer, Social Work and Social Policy
Lord Hope Building Level 6 – LH619

University of Strathclyde,
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gillian.macintyre@strath.ac.uk– (0)123 456 7891

This investigation was granted ethical approval by the University of Strathclyde ethics committee.

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research and Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE

Telephone: (0)123 456 7891
Email: ethics@strath.ac.uk

Consent Form

School of Social Work and Social Policy

Hostility and Hostile Actions against Disabled People in the Context of Social Work

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered my questions.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand that I can withdraw my data from the study up to four weeks after the date of the interview.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available unless there is a risk to my immediate wellbeing and safety.
- I consent to being a participant in the project
- I consent to being audio recorded as part of the project Yes/ No

(PRINT NAME)	Hereby agree to take part in the above project
Signature of Participant:	Date

10.1.2. Participant information and consent sheet – Easy Read

Hostility against Disabled People and How Social Workers Can Help

Hello, my name is Chris Fox. I study at the University of Strathclyde. You can email me at chris.fox.2013@uni.strath.ac.uk.

I am researching how social workers work with disabled people after someone hurts them or makes them feel bad on purpose, because someone thinks they have a disability.

If this has happened to you, I'd like to talk to you about it. This is so services can work together to help protect people in the future.

I'm interested why some people don't, or feel like they can't talk to social workers about things if someone is hurting them, and why some people do talk to social workers, and what happens when this takes place.

If you are OK with it, you can talk to me for a little while at some point. If you want, someone you trust can join us. I'll record what you say if you let me.

The information we talk about will be used to help write books and articles. But, your name will not be mentioned, and no-one will be able to tell that you've taken part.

But if someone is still hurting you, then I will have to tell someone who can help you.

If you'd like to talk to me and take part in my research, please write your name, or leave a mark on the last page of this document.

If you don't want to talk to me about your experiences, you do not need to do anything else.

Thank you for reading!

Consent Form

To be signed by people with learning disabilities being interviewed, or on their behalf by guardians or carers

- I have read the information sheet, OR
- It has been read to me
- I have had a chance to ask questions about the project, and I am happy with the answers
- I can choose whether to take part in the project or not
- I would like to take part in the project
- I don't need to answer all the questions if I don't want to.
- I know I can change my mind about taking part at any time and this will not affect the way people treat me.
- I know I can change my mind about my information being used anytime within a month after the interview.
- Anything I say will not be passed on to other people.
- My name will not be mentioned in the projects report.
- My name will be kept secret unless I say someone is hurting me.

Please tick or mark as appropriate:

☐ I **agree** my discussion can be recorded by a microphone recorder.

☐ I **do not agree** to my discussing being recorded by a microphone recorder.

If you are the participant, please write your name, or leave a mark below.

(PRINT NAME)	I agree to take part in this project
Signature of Participant:	Date:

If you are signing *on behalf* of a participant, (e.g., if you are a guardian or carer who is authorised to give their consent), please sign this form.

(PRINT NAME)	I agree to take part in this project
Signature:	Date:

10.1.3. Participant information and consent sheet – Social Workers

The role of Social Workers in Responding to Abuse and Hate crimes against Disabled People

School of Social Work and Social Policy

Participant Information Sheet

Introduction

Hello, my name is Chris Fox. I am currently a postgraduate researcher studying for my PhD in Social Work at Strathclyde University. I can be contacted at chris.fox.2013@uni.strath.ac.uk if you have any more questions or require any information not mentioned below.

What is the purpose of this investigation?

This project is an examination of how social workers are addressing various forms of incidences of hostile actions directed at disabled people in Britain today such as such as bullying, violence, name calling, emotional, financial and physical abuse, as well as ‘disability hate crime’, and investigating how social work services and practitioners work with service users experiencing such events. The information emerging from these meeting will be used in my PhD thesis, and help contribute to relevant articles and book chapters in the following years.

Do you have to take part?

Participation is entirely voluntary, and you are free to withdraw at any time without repercussion.

What will you do in the project?

Participants will take part in a one to one interview conducted by myself, which should last 20-40 minutes. Interviews may be conducted face to face or via telephone, whichever is easier for you.

Why have you been invited to take part?

Part of this study is looking for current, practicing social workers who have some experience working with disabled people who have been targets of hostile actions, or “hate crimes” related to their disability.

What are the potential risks to you in taking part?

There is no expected risk in taking part.

What happens to the information in the project?

All findings will be anonymised to protect participants’ identity. With your agreement, interviews will be recorded using a portable microphone, but recordings will only be available to myself, and permanently deleted within three years of the study’s conclusion. Any other data emerging from the interviews will also be permanently deleted or destroyed within the same time period. If you wish, you will be able to withdraw your information within one month of this interview.

The University of Strathclyde is registered with the Information Commissioner’s Office which implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

What happens next?

If you are happy to be involved in this project, you will be asked to sign a consent form to confirm this. If you do not wish to be involved, thank you for reading. Participants will be given a summary of the main findings of the project upon its completion.

Researcher Contact Details:

Mr Chris Fox,
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HaSS Graduate School
Lord Hope Building Level 6 – LH627
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Lord Hope Building Level 6 – LH619
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This investigation was granted ethical approval by the University of Strathclyde ethics committee.

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
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Graham Hills Building
50 George Street
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G1 1QE

Telephone: (0)123 456 7891
Email: ethics@strath.ac.uk

Consent Form

School of Social Work and Social Policy

Hostility and Hostile Actions against Disabled People in the Context of Social Work

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered my questions.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand that I can withdraw my data from the study within four weeks from the interview date.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project
- I consent to being audio recorded as part of the project Yes/ No

(PRINT NAME)	Hereby agree to take part in the above project
Signature of Participant:	Date

10.1.4. Participant information and consent sheet –Non-Social Work Services

The role of Social Workers in Responding to Abuse and Hate crimes against Disabled People

School of Social Work and Social Policy

Participant Information Sheet

Introduction

Hello, my name is Chris Fox. I am currently a postgraduate researcher studying for my PhD in Social Work at Strathclyde University. I can be contacted at chris.fox.2013@uni.strath.ac.uk if you have any more questions or require any information not mentioned below.

What is the purpose of this investigation?

This project is an examination of how social workers and other agencies such as police, support services, charitable organisations, disabled people’s organisations and other groups with relevant experience, are addressing incidences of hostile actions directed at disabled people in Britain today, and to give voice to disabled people who have been affected by such issues. The information emerging from these meeting will be used in my PhD thesis, and help contribute to relevant articles and book chapters in the following years.

Do you have to take part?

Participation is entirely voluntary, and you are free to withdraw at any time without repercussion.

What will you do in the project?

Participants will take part in a one to one interview conducted by myself, which should last about than 60 minutes.

Why have you been invited to take part?

Part of this study is looking at how other agencies work with disabled people who are targeted by hostility, and how other agencies work in multi-agency scenarios where there may be a social work element present.

What are the potential risks to you in taking part?

There is no expected risk in taking part.

What happens to the information in the project?

All findings will be anonymised to protect participants’ identity. With your agreement, interviews will be recorded using a portable microphone, but recordings will only be available to myself, and permanently deleted within three years of the study's conclusion. Any other data emerging from the interviews will also be permanently deleted or destroyed within the same time period. If you wish, you will be able to withdraw your information within one month of this interview.

The University of Strathclyde is registered with the Information Commissioner's Office which implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

What happens next?

If you are happy to be involved in this project, you will be asked to sign a consent form to confirm this. If you do not wish to be involved, thank you for reading. Participants will be given a summary of the main findings of the project upon its completion.

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This investigation was granted ethical approval by the University of Strathclyde ethics committee.

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

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Consent Form

School of Social Work and Social Policy

Hostility and Hostile Actions against Disabled People in the Context of Social Work

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered my questions.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand that I can withdraw my data from the study within four weeks from the interview date.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project
- I consent to being audio recorded as part of the project Yes/ No

(PRINT NAME)	Hereby agree to take part in the above project
Signature of Participant:	Date

10.2 Interview Questions

10.2.1. Interview Questions (Disabled participants)

Initial Questions

1. How old are you, and what's your living situation? *[Direct/Linear]*
2. How would you describe your impairment? *[Direct/Linear]*

In-Depth Questions

3. Have you had much experience with bullying? Name calling? Abuse or violence? *[Direct/Prompt]*
4. What sort of events have you experienced? *[Narrative]*
    - 4.1. (Time for specific questions and discussion relating to participants response to Q2, may include some elements of the questions below, which are not necessarily specific to one incident. I imagine this discussion will take up a decent amount of time)
5. What did/do you do (or who did you talk to) after a hostile act? *[Structural]*
    - 5.1. Has this course of action been helpful? *[Evaluative]*
6. What is your opinion of social work?
7. Did you attempt to talk to social work services about a hostile act? *[Direct/Linear/Prompt]*
    - 7.1. If so, what happened? *[Narrative/Structure]*
    - 7.2. If not, why not? *[Narrative/Structure]*
8. Had you any prior contact or experience with social work? *[Narrative]*
9. What other agencies (if any) did you report your experiences to? *[Narrative/Structural]*
10. What would make you more likely to involve social workers in the future? *[Circular/Evaluative]*

10.2.2. Interview Questions (Social Workers)

Initial Questions

1. What's your job title, and what does your role involve?
    1.1. Also, what kind of teams do you work in? Adult protection? Community care? Etc.
2. What kind of training/previous roles did you have prior to or as part this job?
3. What is your own personal understanding or definition of "disability"?

In-Depth Questions

4. How much experience have you had working with disabled people who have experienced hostile acts?
    4.1. What is your understanding of issues such as hostility against disabled people, ableist abuse, and disability hate crime? (The incidents, *not* the terms!)
5. Could you describe (in as much depth as you like) an incident involving a disabled person who has experienced hostility that you have worked with?
    5.1. (Time for specific questions and discussion relating to participants response to Q2, may include some elements of the questions below, which are not necessarily specific to one incident)
    5.2. What worked well here?
    5.3. What didn't work well?
    5.4. What were the enablers of good practice?
    5.5. What were the barriers of good practice?
6. What do you see the role of social workers here?
    6.1. How much should (or can) they get involved?
7. What sort of guidelines, practices or targets are you working within whilst working with such service users?
8. Personally, do you social workers are doing enough to help service users who are experiencing hostility?
    8.1. Are these policies/frameworks/targets (if any) capable of providing enough support?
9. What kind of eligibility criteria do you have for taking on service users?
    9.1. Do service users need to have a pressing urgent need? (Think about neglect)

10. What are your opinions on “positive risk taking” in adult safeguarding?
11. How do you assess an individual’s capacity to take risks?
12. In your experience, do social workers view disabled people (physical or learning impairments) as credible witnesses?
13. Why do you think some individuals who are being targeted don’t or can’t use social work services for support?
    13.1. What could be done to improve this?
14. Have you worked with other agencies while working with these service users?
    14.1. If so, what happened, and what was the outcome?
    14.2. Is there something distinctive about how social workers work in multi-agency situations?
    14.3. What is the role of social work in multi-agency situations?
15. What do you think social workers or agencies could do to improve practice in this area?
16. Is there anything I haven’t asked about which you think might be important for me to know?

10.2.3. Interview Questions (Non-social work service)

Initial Questions

1. What kind of training/previous roles did you have prior to (or as part) of this job? [Direct/Linear]
2. What does your organisation primarily do? [Direct/Linear]
3. What is your own personal understanding or definition of "disability"? [Direct/Linear]

In depth Questions

4. How much experience have you had working with disabled people who have experienced hostile acts? [Evaluative]
5. How have you been involved in such incidences? [Narrative/Structural]
    - 5.3 (Time for specific questions and discussion relating to participants response to Q2, may include some elements of the questions below, which are not necessarily specific to one incident)
6. How would you describe the role of your agency in relation to disabled people who have been targets of hostile acts? [Evaluative/Prompting]
7. What do you see the role of social workers this area? [Evaluative/Structural]
    - 7.3 If you can, could you assess the work of social workers in this area? [Evaluative]
    - 7.4 Have you ever worked alongside or in conjunction with a social worker while in relation to a disabled person who has been targeted? [Direct/Linear/Prompting]
    - 7.5 If so, what happened? [Narrative]
8. What do you think the disabled people who you have worked with, feel about social work services? [Evaluative/Circular]
9. Why do you think some individuals who are being targeted don't or can't use social work services for support? [Evaluative/Narrative]
    - 9.3 What could be done to improve this? [Evaluative]
10. Have you worked with other agencies while working with these service users? [Direct/Linear]
    - 10.3 If so, what happened, and what was the outcome? [Narrative]
11. Do you think social workers or agencies could do to improve practice in this area? [Structural/Evaluative]

10.3 Coding framework

Global theme	*Organising theme*	*Basic theme*
Disabled people's experience of abuse and/or disability hate crime	**Transport**	Buses
		Cars
		Trains
	Historic abuse	Schools
		Home life
		Kids (at school)
	Current	Current
	"Everyday life"	"Everyday life"
	Other disabled people as abusers	Other disabled people as abusers
	Public	School kids
		Adults
		Former school bullies
	Abuse in services	Staff
		Other service users
	SW Involvement (positive)	Good social worker
		Resolution
	Negative	Bad Social worker
		No resolution
		No action
	Police Involvement	Positive
		Negative

	Friends	Mate-crime
		Supportive friends
		Groups/networks
	Reporting	Non-reporting
		Report to social work
		Report to police
		Report to friend/family
	Third party reporting	Used third party
		Reporting pointless (goes nowhere etc)
		Thought about third party
		bad exp with third party
		No knowledge of third party

Global theme	*Organising theme*	*Basic theme*
Disability hate-crime at a conceptual level	**Ready definition**	Yes
		No
	Familiar with term	Yes
		No
	Strength of conviction over term	Strong
		Medium
		Soft
	Identification with term	Strong
		Medium
		Soft

	Term is useful	Yes
		No
		Maybe
	Who can be affected by DHC?	Me
		People like me
		People with learning disabilities
		Physically impaired people
		Mental health issues
		No one
	Professional usage of term	Used professional capacity
		Not used professional capacity
	DHC clarity	Fuzzy
		Clear

Global theme	*Organising theme*	*Basic theme*
Social Work practice in relation to disability hate-crime	**Localisation**	Positive local area
		Poor local area
		Local attitude(s)
	Community	Supportive community
		Not supportive community
		High levels of SW engagement in community
		Low levels of SW engagement in community
		Good social work reputation
		Bad social work reputation

	Policy	Helpful policies
		Not helpful policies
	Time	Red tape/admin
		Caseload overload
	Money	Money
	Management	Leading the way
		Effective
		Obstructive
		Restrictive
		Distant
	Comparison to other services	Mental Health
		Children & Families
	Work with disabled people	Doing enough
		Could do more
		Not prioritised
		Still paternal
		Moving forward
	DHC specific	Not SW business
		Useful tool
		Not useful tool
		Practical
		Not practical
	Multi-agency work	Positive
		Negative

		Easy
		Difficult
		Ring-fencing
		SW Leadership
		Shared responsibility

Global theme	*Organising theme*	*Basic theme*
Non-social work views of social work and/or DHC	**Contact with Social workers**	Frequent
		Infrequent
		Useful
		Not useful
		DP have more contact than my service/me
	DHC with service users	See it often
		See it occasionally
		See it rarely
		Never see it
	DHC as a term	Adopt (strong)
		Adopt (soft)
		Don't use
		Actively oppose usage
	Our service users view(s) of social work	Good
		Bad
		Terrible
		Feel (un)safe

	Disabled people in the community	Supportive local area
		Things are (not) improving)
	Reporting	Third party
		Disabled people disclose to us
		Reports go nowhere

Global theme	***Organising theme***	***Basic theme***
Disability Identity and Disability hate-crime	**Being targeted "because" of disability**	I feel like this happens
		I don't think this happens
	I have been a victim of DHC	Yes
		No
	Being "disabled" is important to me	Yes
		No
	Crimes against me are DHC	Always
		Sometimes/possibly
		Never
	DHC helps explain negative experiences	Yes
		No
	I feel strongly about who can/cannot be affected by DHC	Yes
		No
	Definitions	People like me
		Any/all disabled people
		Anyone, any service
		Government