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**Surviving Disabilist Hate Rape:
Barriers, Intersectionalities and Collective Interventions
with Disabled Women in the North of England**

April 2014

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i. Abstract

This thesis investigates the aftermath of hate crimes involving rape, perpetrated against disabled women in the North of England. Disabled women are much more likely to experience sexual violence than non-disabled women or disabled men; they experience higher rates of re-victimisation and substantial harms after hate crime. Yet to date, voices of disabled victims and Survivors are largely invisible in the scholarly literatures of hate crime or violence against women. This sociological research therefore set out to investigate barriers in current provision and explore how disabled women might best access support, justice and interventions after disablist hate rape. The research utilized standpoint feminist methodology, underpinned by the social model of disability. Nine focus groups with eighty-two victims and Survivors after disablist hate rape were conducted between 2010 and 2013. The intersectional nature of violence against disabled women emerged as a key theme and findings indicated how disablist hate rapes are distinct compared with rapes of non-disabled women, particularly in terms of sexual extortion. These data problematize the use of homogenizing mainstream interventions; findings indicate how collective and community interventions have key roles to play in resisting harms after disablist hate rape. Significantly, this is the first UK research

concerning disabledist hate crime involving rape to be inclusive of women with many physical, sensory, mental health and intellectual impairment labels, women in institutions and women who rely on the perpetrators of sexual violence to access personal support. It is the first study to unpack audist hate crime against Deaf women. The thesis demonstrates how feminist reciprocal and participative methods are adapted for use in research and interventions with diverse disabled or Deaf Survivors. Recommendations are made to improve the constructions of vulnerability, safety and hate crime against disabled people in criminal justice, health, social care and refuges in England and Wales.

Keywords

Hate crime, disability, disabled women, rape, focus groups, feminisms, criminology.

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1. Introduction: No Care, No Crime, No Consent

In 2007 Christine Lakinski, a disabled woman, experienced a seizure outside the front door of her home to summon help. As she lay dying of pancreatic failure in the street, she was covered in water and shaving foam by her neighbour, Antony Anderson, who then urinated on her body. This daylight attack occurred in Hartlepool on Teesside, where Christine had lived most of her life. It demonstrated a level of aggravated, dehumanizing hostility, which led journalists and charities to recognize it as a disabled hate crime (Scope and UK Disabled People's Council, 2008). Whilst urinating on Christine's body, a humiliating and sexually dominating display of power in itself, Anderson encouraged his friend to record the attack on his mobile phone. He was reported to have shouted "This is YouTube material," (Northern Echo, 2007); thankfully the perpetrators were arrested before the footage was uploaded. However, the intent and the short sentence of only three years in prison received by Anderson for outraging public decency, incensed disabled people in England. The attack had a chilling effect on other disabled women about the value of their lives and lack of a right to dignity, arguably commensurate with Iganski's construction of hate crimes as "Message crimes" (2001, p630). Then in 2010 another disabled woman Gemma Hayter, was raped and later murdered. Her death came after authorities in Warwickshire had missed at least twenty-three opportunities to tackle the escalating targeted harassment against her.

Both Gemma and Christine were recognized as disabled women, known to statutory services and were therefore deemed to be 'Vulnerable adults' as set out in the Care

Standards Act (2000) and the Safeguarding Vulnerable Groups Act (2006); this legislation was designed to address the neglect and abuse of disabled people in the UK. Lessons learned from Gemma's death were the subject of yet another Serious Case Review (SCR); this was the third since the Millennium about failures illuminated by the rape and subsequent death of a disabled woman in the UK. Action after the serious torture and rape of a learning disabled woman in the Scottish Border region in 2002 (Social Work Services Inspectorate, 2004), had already precipitated no less than sixteen Safeguarding Vulnerable Adults legislative and policy documents in the social care and health sectors. However, this safeguarding framework has been widely criticized, as it fails to recognize the views of the person at risk (Dunn et al., 2008), and did not take account of the aggravated hostility elements of some of the attacks against disabled people (Roulstone et al., 2011). It appeared that the safeguarding framework may not yet provide for justice to be fairly served, nor did agencies ensure safe care was in place. But were the deaths of Christine Lakinski and Gemma Hayter simply horrific, but isolated, failures of safeguarding policies, as some authorities suggest, or indications of a wider systemic failure of social care for disabled people in England and Wales?

The most convincing data available to date, from social care records in England and Wales were analysed by Hussein et al. (2009a). The authors conducted a rigorous and transparent data analysis of 5,294 Protection of Vulnerable Adults cases over three years; they found that Police were only involved in 54% of cases and social care Adult Protection Units in only 25% of cases. Here, the existing civil law and policy provision appears to have missed opportunities to protect disabled people in

England and Wales, or provided inconsistent redress and justice after attacks. This thesis will explore the barriers experienced by disabled women, thematically in relation to feminist constructions of rape Survivors experiencing secondary victimization (Williams, 1984, Campbell et al., 2001). Principally, it aims to illuminate areas of development for dignity and justice in relation to social care or criminal justice policy and systems (Balderston, 2013).

This thesis will reflect and develop the exploration of rape survival established by Kelly (1988) and in chapter four, adapts her 'Continuum of Violence' to represent the types and spaces of violence experienced by disabled participants in this study. The influence of feminisms are operationalized consistently throughout the thesis; the study utilizes second and third wave methods, particularly applying Harding's feminist standpoint theories (1987, 1991) and intersectional analysis after Crenshaw (1991).

In order to illuminate the position and view of the researcher (so as to resist any claim of universal objectivity), two reflexive sections in the thesis centrally make explicit (later in chapters one and six) how the researcher is situated in relation to the participants. Namely, the research is conducted by a disabled woman with experiences of interpersonal violence and with a desire to work with participants for social justice and to reduce inequality in the conducting of the research. These sections also discuss the epistemological privilege of this research, in line with Collins (2000) intersectional development of feminist standpoints, as the researcher is seeking individual Ph.D. recognition, having the support of the academy and enjoying white privilege. But the chosen standpoint feminist theory after Harding (1987) is

not simply describing the location from which one conducts research on objects. Chapters four, five and six are thus grounded from the data developed in focus groups with participants (a more collective method, arguably, than others in which the researcher may wield more individual power over the object of research, such as in observation). Harding's approach also promotes an explicitly reciprocal element to research; in this study for example, the participants identified the training, opportunities and resources they required to deliver this element from the research, moving to be subjects rather than objects of the work. Thus this study is designed to be consistent with Hardings call to "Map how a social and political disadvantage can be turned into an epistemic, scientific and political advantage" (2004, p8).

The critical standpoints from which this research is analysed explores how and why disabled women are socially situated as marginalized after rape, adopting the lived experiences of victims and Survivors as data from which to critique social policy and practice in justice and service provision. These data are analysed to critique the dominant constructions of disabled women as asexual, vulnerable and pitiful (Morris, 1991, Darke, 1998), again taking the lead from Collins (2000) disruption of controlling and oppressive stereotypes of African American women. The data is not only gathered, but also evaluated in ways developed by feminisms, particularly utilising grounded intersectional analysis developed particularly by Crenshaw (1991) and Collins (2000), expanded here as a theoretical framework through which to explicitly explore the particular intersection of disability, gender and violence. The feminist standpoint methods are explored and discussed in more detail in chapter three of this thesis.

But feminisms are not the only useful frame through which to explore how violence against minority communities can be analysed. In the same decade as the rape and murder of Gemma Hayter and the death of Christine Lakinski, international criminological research compellingly evidenced the harms of hate crime against diverse communities of identity, in public spaces. The legal, civil rights and policy definitions of hate crimes are varied and contested; these will be discussed in more depth in chapter two of the thesis. From chapter three of this thesis, the literature and research importantly demonstrates that hate attacks against people because of who they are or how they look, are not simply individual or chance crimes. Hate crimes are legitimized systemically by wider societal prejudice (Perry, 2003a) against the minority group to which the victim belongs, or is perceived to belong. Criminologists have compellingly analysed evidence that the hostility element in a so-called 'hate crime' ensures greater harm in terms of the victim's ability to gain a safe life after the attack, as well as causing a wider impact of fear on the community of identity, than is seen compared to random crimes; in short, hate crimes hurt more (Iganski, 2008).

This academic and activist path in hate crime studies largely concerns itself with justice after attacks based on the hostility of a perpetrator (McDevitt et al., 2002), with crimes fuelled for example by homophobia, anti-Semitism and racism (cf. Herek, 2000, Iganski, 2008, Gadd, 2009). The field also concerns the harms of the attacks and their roots in wider societal prejudice against a minoritised group, rather than focusing on a conceived, embodied vulnerability of the victim. It is this construction

of hate crime that is followed in the use of the term ‘disablist hate crime’ throughout this thesis. The use of this term places the ‘problem’ on the perpetrator’s disablist attitudes, in line with terminology concerning racist hate crime and homophobic hate crime (Balderston & Morgan, 2009). In disability studies, the social model has made an important distinction between disabling barriers experienced by people with impairments (cf. Oliver, 1992, Barnes & Mercer, 1997) and the pathologising impairment labels placed on an individual. Although the term ‘disability hate crime’ is used throughout Government policy (cf. Home Office, 2013), this is problematic for some disabled theorists and activists – the semantically correct equivalent to this term might be ‘impairment hate crime.’ From a civil rights perspective, people with impairments have been disabled for many years by segregation on the grounds of their diagnosis label (cf. UPIAS, 1976). Oliver, who continued the UPIAS work in promoting the social model and developing disability studies into a field of academic study, famously asserted:

“The social model insists [that] disablement is nothing to do with the body. It is a consequence of social oppression” (1996, p35).

Whilst this study will resist collapsing differences in experience by people with different impairments, gender, ethnicity, age, religion or sexual orientation, the focus will fix upon removing disabling barriers and attitudes that underpin hate crime against disabled people. This conceptual and pragmatic, grounded approach is designed to be consistent with both the social model and hate crime paradigms.

Thus, following the lead of the emerging field of hate crime in the global north, work began in the UK to raise awareness of disablist hate crimes. Activists came from the

disabled people's social movement, which Grattet and Jenness (2003, p681) recognize as one of Lawrence's "Self-regarding groups" (2002, p12), with a collective identity, one of the criterion they cite for valid hate crime law protection claims. Equality bodies, charities and activists largely promoted this 'hate crime' approach in the UK (cf. Disability Rights Commission, 2004, Action for Blind People, 2008, Equality and Human Rights Commission, 2009). Much of the emerging data and discussion is often located as so called 'grey literature' namely short-run publications without standardised methods and which are difficult to retrieve or compare. The results may be statistically insignificant, not including baselines or comparative data (Christensen et al., 2008), or be biased towards the aims of the publishing organisation. For example, Mind's (2007) report was important in raising awareness of hate crime against mental health service Survivors, but their findings of 71% of respondents having experienced hate crime may be at the higher end of the expected scale. This may have been due to self-selection of the sample; people who have experienced crime may be more likely to respond to surveys about it than people who have not. However, as Iganski (2008) discusses, it is as likely to be the efforts of campaigning groups locating violence as hate crime as part of a struggle for civil rights that has promoted the notion of hate crime, as any legal provisions, so this so-called, 'grey literature' is still useful. It is instructive at this point in the thesis to briefly consider whether a more reliable assessment of the prevalence of disabled hate crime and rape in England and Wales might be available.

1.1 Prevalence of disabled hate crime and rape in England and Wales

More conservative figures than those delivered by campaigning groups are reported from government sources; the Home Office (2009) estimated that disabled adults in general were 10% more likely to be victims of crime than non-disabled people. However, this may be a lower estimate than the likely rate of crimes against disabled people, given the lack of statutory reporting (Disability Rights Commission, 2004); a more reliable estimate is probably situated near a median average between the previous charity and government estimates.

Despite discussions about statistical data, the illustrative cases of Lakinski and Hayter were recognized as disabled hate crimes by activists, rather than simply non-hostility-aggravated random crimes against disabled people. Might data indicate the presence of systematic and wider hate crime? Turning to the Crime Survey for England and Wales (CSEW) is useful here, as it is a largely robust, consistent annual survey of 30,000 households' experience of crime each year, whether or not the crimes have been reported to the Police. The self-reporting module on domestic violence in the survey offers particularly valuable data and CSEW is published by the Office for National Statistics with access to the dataset provided to academics on request. Coleman et al.'s (2013) analysis of CSEW found that 63,000 hate crimes on the grounds of a person's disability occurred in the year to March 2012, compared to 72,000 in the following year. The authors equated this figure for adults to a wider rate of at least 8 incidents of personal disabled hate crime per 10,000 population.

However, CSEW does not yet include respondents in hospitals, institutions or people living in group residential care settings, or homeless people, most of whom are likely to have one or more impairments. Nor is CSEW available in first languages rather than English, so disabled refugees after war or disabled family members of economic migrants are also likely to be under-represented in this otherwise fairly reliable cohort. In addition, the inaccessibility of mainstream survey instruments (for example, their lack of availability in easy words and pictures, audio or Braille formats) can exclude disabled people from completing the survey, even if they live in the community. In terms of the reporting of physical and sexual violence and neglect in relation to crime, disabled women may also have reliance on personal assistants or partners to facilitate completion of the survey; this can inhibit disabled people from disclosing the rate and severity of attacks, especially where the perpetrator of the violence may be providing the personal assistance (cf. Saxton, 2001). These reasons perhaps contribute to the analysis that found only 4% of people included in the CSEW were disabled people who reported being victims of hostility aggravated crimes on the basis of their identity (Nocon, Iganski & Lagou, 2011, p21).

There are other distinctions emerging between disabled hate crime and more established conceptualisations of hate crime. For example, the Scottish Disability Rights Commission and Capability Scotland survey, (n=158) found that, unlike the common conception of, 'stranger danger' hate crime, incidents against disabled people were not always isolated; 31% of disabled people who experienced hate crime reported that they were attacked at least once a month by the same perpetrators (2004, p6). The survey found that the most common form of attack was

verbal abuse, which affected 79% of those people who had been frightened or attacked. 35% were physically assaulted, 15% were spat at and 18% had something stolen (2004, p18). It also reported that 45% did not try to stop the attack, due to fear of repercussion; this finding by non-disabled authors is problematic in that it (however unintentionally) projects blame onto the victim, for failing to resist the violence.

A further distinction between hate crimes against people on the basis of their ethnicity, religion or sexual orientation in England and Wales today, and those crimes aggravated by hostility against disabled people, is the place where the attacks are perpetrated. Particular exposure to violence, neglect, torture and sexual assault in institutional settings rather than in public places, was found in England by Brown & Stein, who found in Kent and East Sussex that:

“Almost half (46%) of all adult protection referrals related to people in residential or supported living services, compared to a third (32%) of people living with their family,”(1998, p390).

A year before the start of the study discussed in this thesis, the Healthcare Commission had mounted an audit of institutions, after serious sexual violence and torture was uncovered in hospitals in Cornwall, as well as Sutton & Merton NHS Trusts. As a result, the Department of Health planned to move 4,000 people with learning difficulties out of NHS campuses and long stay hospitals by 2010. In its audit of findings, the Healthcare Commission found that:

“There appears to be a lack of awareness of what constitutes abuse, and we remain concerned that this leads to under reporting of incidents with the potential for abusive practices being allowed to continue unchallenged.”(2009, p50).

One area that this thesis considers is whether the closure of these long stay institutions has improved safety against abuse for disabled people. Despite inconsistencies in available data, media and campaigning consciousness about disabledist hate crime has grown in the last three years. The invisibility of strategies to prevent and tackle disabledist hate crime in statutory social care policy and practice remains persistent. Early pilot research showed there may be a lack of awareness of protection in law by some victims, but under-reporting is also described as being due to fear of repercussions (Disability Rights Commission, 2004). This is problematic when invoking a social model analysis; a focus on statutory systems removing barriers and improving attitudes to disabled people may be preferred to victim-blaming on the basis of reluctance to approach these services in the first place.

These barriers are indicated perhaps by the lack of transparently available data from authorities in England and Wales; activists had to apply pressure to the criminal justice system for several years, to eventually gain the publication of data after 2009. Eventually, figures concerning the use of provisions under section 146 of the Criminal Justice Act (2003) were released. This uplift in the tariff of the sentencing of the offender can be applied when an offence is aggravated by hostility to the victim on the grounds of disability, but a specific offence is still not available in England and

Wales, as it is in the cases of racially or religiously aggravated hostility or incitement to hatred. Despite this sentencing provision for aggravated hostility offences on the grounds of disability, it seems that few disabled people report attacks to the Police in England and Wales and if they do, few receive justice.

For example, the Crime Survey England and Wales estimate of an average of 63,000 *disablist* hate crimes in the year ending March 2012, but only 1841 cases (Association of Chief Police Officers, 2013) of disability-aggravated hostility were reported to Police, though this was an improvement on 1569 reports in the previous year. Despite 61% of the recorded *disablist* hate crime cases involving injury, only 579 cases were referred for prosecution in England and Wales (Crown Prosecution Service, 2013). The remainder had the files closed, marked no further action or marked as 'no crime' where insufficient evidence had been gained. Unfortunately, accurate data is not available as the 'no crime' hostility-aggravated decisions are collapsed into the 'miscellaneous crime' category in statistical, annual reports. From the hostility-aggravated crimes which are referred to Courts, the uplift in tariff for offenders convicted of offences with an element of aggravated hostility against a disabled person was applied in only 349 convictions in the year to March (Hansard, 2013). These official figures are not without caveats, however, as the counting of these crimes relies on them being 'flagged' as aggravated in files; the Crown Prosecution Service's own Inspectorate (2013) recently found this had not occurred in at least 19% of crimes eligible to be flagged, due to administrative errors in the six Crown Prosecution Service offices in England and Wales. It is interesting that in Crown Court sentences for assault motivated by hatred, cases on the grounds of

disability accounted for successful prosecutions in only 0.5% of cases to March 2013 (Sentencing Council, 2013), though the actual sentencing figures to March 2013 are still not published. Sherry also expresses concern that, even when there was a conviction, he calculated that 61% of the offenders prosecuted successfully in 2009 had their sentence reduced on appeal (2010, p93). More research is required in this area; nevertheless, important statistical evidence as to the legislative recognition of crimes aggravated on the grounds of hostility against a disabled person is emerging in England and Wales. So there are high attrition rates from incidence to conviction, a lack of consistent criminal justice monitoring and unequal responses to these crimes by service area.

1.2 The importance of hate crime against disabled women

However, it may risk being essentialist to categorise disabled people as a homogeneous group (Begum, 1992) about which to incorrectly assume all crime occurs equally (Balderston, 2013). Feminisms after Crenshaw and criminologists after Chesney-Lind and Perry warn that it would be remiss at very least, not to explore the differences between disabled men and disabled women as victims of crime. As indicated particularly by the Borders case in 2002 and Gemma Hayter's rape and murder, all hate crimes do not have equal effects. This thesis centrally argues that, in relation to disablist hate crime there can be a particular importance of rape or sexual abuse (in this case, specifically penetration without consent, perpetrated against disabled women). It could reasonably be expected that the harms and barriers to justice after rape against disabled women would have already

be exposed in the forty years of violence against women literature (cf. Brownmiller, 1975, Kelly, 1988, Walby, 2005). Indeed, more recent international evidence has already demonstrated that disabled women are between twice (Smith, 2008) and four times (Martin et al., 2006, Casteel et al., 2008) more likely to experience serious sexual assault than either disabled men or non-disabled women, although others state it may be as high as ten times the risk (Viermö, 2004). Unfortunately, rapes are not identified within the Crime Survey for England and Wales figures for disabled hate crimes, but analysis of the sexual offences data from the same survey in the year to March 2012, demonstrated that there were 69,000 reported rapes (from 404,000 sexual offences) in England and Wales last year, with victim prevalence reported as being significantly higher for disabled women (Office of National Statistics, 2013), though again, specific figures are not available nationally. In terms of rapes which were subject to 'no crime' treatment, Police forces to March 2013 recorded an average of 9% of cases which were not referred, but with wide variation; 26% of rape reports in Lincolnshire were not investigated and 16% in Cleveland, compared to only 2% in Cumbria which were closed as, 'no crime'. It is currently not possible to further disaggregate disability and gender hate crime statistics by ethnicity, sexual orientation, religion and age, in England and Wales, due to the small numbers of cases which would be potentially identifiable at this level. Thus, quantitative data, through which the intersectionality in disabled hate crime or rape against disabled women might be analysed, was scant.

Thus the value of qualitative work became foregrounded for this study; research with victims and Survivors was indicated, through which to explore any particular

factors in the experiences of disabled hate rape for disabled women, which might be distinct from other hate crimes and through which to 'write in' the voices of victims and Survivors into the research. In addition to context, qualitative research in this field would hope to illuminate the matrix of systemic barriers which experienced after attacks, which compound to obscure the safety, justice and rights of victims and Survivors.

It is worth noting at this point that in England and Wales, social care safeguarding, health and criminal justice systems remain administratively separate, despite much policy indicating the usefulness of multi-disciplinary joint-working between the three systems (cf. Department of Health, 2000, Crown Prosecution Service, 2010).

Qualitative work will thus illuminate the victim experience of being a subject of these policy frameworks. The focus of this thesis regards attacks on disabled people not being the problem of vulnerability of the individual, but as one of hate crime against the person and the lack of access to mainstream services for the minoritised community to which they belong (or are perceived to belong); it is timely therefore to outline how the construction of disabled hate crime began to be recognized in legislation in England and Wales.

1.3 Emerging hate crime recognition and legislation in England & Wales

When marginalised victims and Survivors of attacks begin to locate their experiences as crimes and seek social and criminal justice, the first appeal to institutional power for recognition is often with regard to legislation change. So, over the last thirty

years in England and Wales as in other jurisdictions before it, some diverse communities of identity have begun to win some recognition in legislation, on the grounds of criminalising aggravated bias or hostility crimes against them. For some groups, this may be provided as a specific offence, such as in recognition of Incitement to Racial Hatred, one of the first English legislative provisions tackling hostility against a minority group, instituted in c.64, part III of the Public Order Act, 1986. For some groups, as is the case for disabled people, provisions like this one are in the form of an aggravated offence enhanced tariff; as a result the tariff handed down onto the guilty offender is a greater sentence than for another basic crime that was not, say, aggravated on the grounds of hate or hostility.

But the recent provisions and extensions of so-called 'hate crime' laws should not lead to the belief that attacks on diverse groups is a recent problem. Crimes against communities of diverse identity, who experience discrimination on the grounds of racism, religion, gender or sexual orientation are many centuries old, (cf. Brownmiller, 1975, Young, 1990, Cardyn, 2002 and Perry, 2003a); however, this long history of targeted violence against diverse groups is continually dealt with institutionally as a problem of individual agency (and so the criminal justice system finds, charges and punishes individual perpetrators of individual crimes). This thesis argues that these violent disablist attacks are not only a problem of individual agency, but structurally supported with ideological and cultural messages and social constructions, commensurate with the conceptualisations by Young and Perry in relation to discrimination and hate crime respectively. Whilst the focus of this thesis is England and Wales, our current legislation owes much to the path of the

development of hate crime laws seen in the USA, where the Black African-American civil rights movement has been stronger in winning earlier recognition of racist attacks, so this will be the jurisdiction with which comparisons will be drawn here. The role of violence in perpetrating racist oppression was identified as being organised through "Internal colonialism" (Ture and Hamilton, 1992, p5), to reinforce white, male authority (Pfeifer, 2004, p13). In the USA, this was maintained by lynchings (from the Reconstruction era onwards) and with rapes perpetrated by the Klu Klux Klan against black women in the Southern States of the USA. Cardyn describes this as generating:

"A central feature of terror.. a salient marker.. in relations of race, gender and power," (2002, p859).

Long after African-American men and women began to write their own history, legislation began to emerge in some states to demonstrate the unacceptability of racist violence. But despite this history of organised and individual racist attacks in the USA, it still took until 1998 to pass hate crime legislation in Texas (and until 2009 nationally in the USA, when President Obama named his Act for Matthew Shepard and James Byrd Jr., both murdered in hate crimes in 1998). It is perhaps the important work of the Black civil rights movement in naming this violence against their communities which has settled the popular culture impact of notions of hate crime as being pre-meditated actions against a person on the grounds of their ethnicity or race. Although there are important differences, as this thesis will later demonstrate, the patterns of racist hate crime in the USA are not as far from disablist hate crimes in the UK as they may first seem. Indeed, Vik Finkelstein, one of the founding fathers of the disability rights movement in the UK, used models from the

civil rights campaigns against apartheid in South Africa in which he had worked, to critique the expectations of his life when he acquired an impairment. Whilst segregation of Black, Asian, Minority Ethnic people and Refugees (BAMER communities) is being tackled to some extent, the segregation of disabled people from mainstream education, transport, residency and employment is still institutionalised in the UK. These historic and current parallels might indicate that, for activists, there is a legitimate symbolic necessity for hate crime against disabled people to be recognized as paralleled to racist hate crime in the UK. The review of the literature, in chapter two of this thesis, will unpack more differences and similarities in the phenomena.

Despite this long, international history of hostility and segregation, the statutes in England and Wales designed to provide redress after crimes perpetrated against people on the grounds of prejudice and hostility against their identity, are surprisingly recent. It took Sir Macpherson of Cluny's ground-breaking findings (1999) of racist actions and institutional racism in the Metropolitan Police Service, to bring racist violence into "Sharp public focus"(Hall, 2005, p52). This Inquiry had been necessary to investigate and respond to Police failures surrounding the murder of Stephen Lawrence in 1983 and had been won by the tireless campaigning of his bereaved mother, Doreen Lawrence. The MacPherson Report illuminated structural and institutional racism (1999, s.6.39) at work in the Metropolitan Police Service and demonstrated clearly that targeted violence against a person is not merely an individual act, even if individual prosecutions treated it as such. MacPherson's findings were in direct contradiction to the earlier Scarman (1982) report which had

not only failed to find, but actually denied the existence of, systemic inequality in the Force. It was as a result of MacPherson's recommendations that specific offences against racially aggravated assault, criminal damage and harassment were included in England and Wales statute for the first time; these were instituted in s.28 and s.31 of the Crime and Disorder Act, 1998. This added to the offences of incitement to racist hatred, which is regulated against in s.27(3) of the Public Order Act 1986, as well as provisions against stirring up hatred on the grounds of sexual orientation and religion or belief in section 29b(1). The latter offences require proof of intention and threatening (not simply abusive) conduct, whilst the stirring up of racist hatred does not. Stirring up hatred (a construction which is similar to incitement) on the grounds of disability is not yet part of this provision, but the Law Commission (2013) has consulted on its addition, as part of their concessions in response to the recommendations of the EHRC (2011) Statutory Inquiry into Disability Harassment.

The notion of legislative tariffs being greater for bias crimes on the grounds of disability, than for basic crimes, was importantly demonstrated by the Hate Crime Sentencing Enhancement Act (1994) in the USA. This Act provides for an increase of sentencing for murder, manslaughter, rape, arson, assault, intimidation and vandalism, by at least three offense levels, if crimes are bias motivated (Philips and Grattet, 2000). Arguably, it was the important work of activists and academics, including Waxman, which paved the way for hate crime legislation tackling violence on the grounds of disability in the USA. For example, Waxman (1991) drew parallels with homophobic hate crimes to demonstrate that interpersonal violence against disabled people was commensurate with the hate crime paradigm. The first

prosecution of a disability hate crime in the USA, (for the torture and murder of Eric Krochmaluk in 1999) came a full 18 years after the first hate crime statutes in the USA (Shively, 2005). The rate of prosecution was slow; Jenness and Grattet reported that in 1997, there were only 12 bias crimes on the grounds of disability reported in Washington DC, one of the first states to collect information on the subject (2001, p664). Progress to increase reporting is welcome but still sluggish; fifteen years later, there were only 92 single bias incidents against disabled people reported in Washington DC (Federal Bureau of Investigation, 2012). Data about violence against disabled people was collected under the Uniform Crimes Reporting Section, 1997, but using Philips and Grattet's frame of institutionalised stability (2000) to scrutinize its success tells a different story; there were still no appellate cases by 2001 and only 46 on the grounds of disability brought across the whole USA by 2010. However slow the progress, legal recognition is useful in beginning to recognise how the notion of 'hate crime' has been an important lens through which groups seek recognition of the injustices perpetrated against them structurally (in the discrimination seen in a lack of power, justice and resources) and individually (in hate crimes). The Sentencing Enhancement Act (1994) in the USA may still have a particular major advantage over the England and Wales aggravated hostility legislation, in that it sets out specific named crimes that will be prosecuted.

In criminal law in England and Wales, the term hostility (in relation to aggravated crimes against disabled people) is open to interpretation; guidance suggests that it may include: "ill-will, ill-feeling, spite, contempt, prejudice, unfriendliness, antagonism, resentment, and dislike" (Crown Prosecution Service, 2010, p.8). The

inclusion of prejudice and dislike here may be problematic, as Moore (2005) asserts; the effect of the law on behalf of society, must criminalise only *wrongdoing* (rather than thoughts) so as not to limit liberty or freedom of expression. This lack of clarity in legislation tackling aggravated hostility on the grounds of disability in England and Wales perhaps indicates that it has still not matured in having coherent prosecution and sentencing guidelines.

The inconsistency and lack of clarity in law and policy has often fuelled much of the criticism of legislation that specifically recognises the added level of harm for victims and communities of identity, when people are attacked because of the unacceptability of who they are or how they look, with the offender asserting power over the victim (Perry, 2003a). The progression of hostility-aggravated legislation in the USA and the UK has not been without its critics; some lawyers criticise increased tariffs for perpetrators of hate crime and have vehemently rejected the argument that hate crimes have a worse impact than those of other crimes. For example, Jacobs and Potter (1998) argue that a victim of a targeted murder and the victim of a non-targeted murder are both dead. This stance, however, fails to acknowledge what Perry and Alvi (2012, p57) call the 'In terrorem' effects generated by hate crimes on distal victims; the symptoms visited on members of the wider group of identity by serious attacks, based on hostility. Martin also recognised the problems of critics, explaining that:

"The expression of bias has a meaning of its own that can produce negative effects, not only on the victim, but on members of the victimized group,"(1996, p458).

She cites the example of the hostility generated by the Howard Beach incident in support of her argument and demonstrates, in doing so, how legal redress after homophobic hate crime was sought subsequent to the legislation won by the Black African-American civil rights movement. Iganski therefore terms hate crime as a "Message crime"(2001, p630), and describes the waves of harm, generated by hate crimes into the wider community of identity. As Jenness and Grattet explain:

"Hate crimes have two kinds of victims: individuals and communities ... Hate crime policies are ... designed to transmit the symbolic message to society that criminal acts based on hatred will not be tolerated"(2001, p3).

Finn & McNeil went further, asserting dramatically that hate crimes are more serious than crimes which do not involve prejudice because:

"They are intended to intimidate an entire group . . . furthermore, our country [the USA] is founded on principles of equality, freedom of association, and individual liberty; as such, bias crime tears at the very fabric of our society"(1987, p1).

Gellman (1991) and Piggott (2011) had different concerns to those of Jacobs and Potter; both women separately worried that legislating against hatred for communities of identity may unwittingly increase the hostility and increase prejudice against the excluded group, but without either offering any grounded evidence from research. However, perhaps asserting homogeneity of society may not be the way to find justice. Gellman is not incorrect to fear a backlash effect against minority group movements which win societal recognition; for example the re-emergence of pornography (as part of the drive to assert femininity) in the mainstream after years

of feminist gains in equal pay may be one such backlash (Walter, 2010). But, as Faludi (1991) and Chesney-Lind (2006) explained, this backlash should not mean that women are again reduced to a choice between privacy or safety and public justice. Although backlashes against rights protections may be noticeable, it must still be more important to have the legislative protection for marginalized groups, thus recognising their importance in a diverse society, rather than simply ignoring the problem of hostility. There is no compelling evidence that legislative recognition causes violence against the minority group; failing to recognize violence against disabled people in criminal law before 2003 did not mean it did not exist, merely that disabled people could live in fear, abuse and segregation, without the protection of justice or the recognition of citizenship. It can be argued that to deny pride in a collective identity and to want to erase the expression of difference by minoritised groups, as Gellman and Piggott urge from mainstream positions of privilege, may be imperialist and right-wing (Chesney-Lind, 2006) or at very least, somewhat unhelpful. The form of normative public policy that Gellman and Piggott promote, which preferred invisibility of minority groups, is not without precedence; it was instituted in U.S. Code (1994) policy, which prohibited homosexual conduct in the USA's armed forces. The policy enforcing the invisibility of gay men and women in the military became popularly known as 'Don't Ask, Don't Tell' and was fiercely contested in over 8000 legal defense support queries, before it was repealed in 2010. Despite support for repeal from Clinton, it was over a decade before Courts in the USA ruled that this policy interfered with gay service people's rights as citizens, not least in preventing their safety in reporting domestic violence, or having protection from torture to

release state secrets, for fear of their same sex relationship being disclosed to their employer. As Wolff successfully argued in the important case of *Cook v. Gates*:

“There is no other law in America today that regulates a group of citizens and then prohibits those very citizens from identifying themselves as the regulated population and speaking up on their own behalf” (2007, 06-2313).

This denial of civil rights might be the ultimate effect of what Gellman and Piggott both postulated in relation to denying or ignoring hate crime protections for groups on the basis of their asserted identity. Conversely, Young’s (1990) call to justice appeals to the mainstream to recognize difference and build a participatory future, based on the recognition in public policy of collective groups that are central in constituting individual identities within and outwith the mainstream. In this emancipatory and diverse framing of rights and recognition, Young encouraged us to celebrate and recognize difference collectively. This is crucial in mirroring not only the struggle for recognition of disabled hate crime in legislation by activists, but it also underpins the focus, research design and epistemology discussed in this thesis.

Despite being over twenty years old, Young’s model is still required in gaining recognition in relation to tackling hate crime (cf. Perry, 2003a) in England and Wales. For example, even powerful advocates working to improve hate crime protection in England, including Baroness Hale in the House of Lords and Stanton-Ife, an academic, still comment on identity of minoritised gay and disabled people respectively as “Something they can do nothing about,” (*R v. Rogers, 2007, UKHL8*) and “Something important in the idea of remedying the disadvantage through medical means” (Stanton-Ife, 2013, p12). This rhetoric, however unintentional, is still far from Young’s (1990) concept of pride in collective identity.

So far, this chapter has considered some of the major arguments for and against the criminalisation of offenders who attack marginalized communities of identity (in the case in hand, disabled people) because of hatred or hostility based on prejudice against their group. However, there still remains in legislation in England and Wales, a problematic distinction between the popular notion of 'hate crime' and the codifying of it in statute as crimes motivated by bias or hostility. Roulstone, Thomas & Balderston (2011) recently argued that the recognition of disabled hate crime may be impaired by the harsh test in the minds of the public and criminal justice agencies of the notion of proving 'hate'. But if we problematize the term 'hate crime' with what might we effectively replace it?

Philips and Grattet reviewed fifteen years of appellate decisions, related to hate crime statute in the USA courts for sentencing enhancement evidence; they concluded that hate crime law had become settled first around violent injury crimes, then expanded to harassment as notions moved from "Hatred" to constructions of "Bias crimes" (2000, p569). They explain that both an increase in conviction rates and a reduction in appeals against convictions, are elements that indicate the concept of hate crime has been institutionalised in the US judicial system (2000, p565). Both Gadd's (2009) reporting of only one conviction to every 35 racist incidents and the dearth of convictions of disabled hate crimes may be utilised to suggest that the UK system may not yet have institutionalised the concept. Thus, in the UK, hate crime legislation does not appear to have reached that ideological

position of being as settled and accepted, as Thomas (1992) recognised it to be in the USA.

As if greater ambiguity in law were needed, there is not yet (and is unlikely to be in England and Wales) actual or consistent statute provision for 'hate crime' itself; instead the law is codified as having some specific offences aggravated on the grounds of hostility and some tariffs uplifted for other crimes. As some of the commentators who are most derisive about the use of hate crime in law (this time usefully) discuss, this makes comparison of levels of crime across states, countries or continents problematic (Jacobs and Potter, 1998). It is interesting, then, that a concept which has emerged from legal discourses in the United States appears to have been adopted by activists and groups to promote social justice in the UK, despite being effectively absent from statute language. The term, however, has not been exported wholesale. 'Hate crime' definitions in legislation vary widely across the borders of USA states; for example, gendered violence was acknowledged as a bias crime in the Violence Against Women Act 1994 in the USA but no such recognition exists yet on the UK statute.

Another discursive turn is apparently occurring recently in government in the UK, which may de-stabilise the concept further. The Equality and Human Rights Commission is increasingly choosing to label crimes as 'targeted hostility' (2009), which it claimed to have invoked to counter notions of vulnerability, in relation to disabled people's experience of attack or to encompass in the public imagination the so-called, 'low level' nature of ongoing bullying and harassment. However, this

relocation of language, not being led by the community of identity to which it relates, could be argued to be unhelpful, in that it plays to individualised constructions and destabilizes collective action and agency which Young (2007) and Perry (2003a) may well promote. Until individuals and groups have the critical mass and effective strategies to resist targeted violence or 'hate crime,' it may be perhaps more difficult to shift the semantic ground on which it is based, without a movement for social justice being potentially damaged. This may not be entirely accidental, as hierarchical power-bases codifying principles in statute, may seek to re-establish the systemic oppression they have created (Wacker et al., 2008). This may be sometimes visible culturally in the tussles between the disability movement and government in the controversy over the uses of the terms 'disablist hate crime' and 'disability hate crime' respectively and in the reticence of the establishment to create an explicit offence.

Thus, gaps in contemporary and quantitative data, inconsistencies in law and policy terms and a paucity of case law from England and Wales are problematic in studying an emerging area. Despite the carefully tapering focus of the thesis, the literature review for the study presented in the next chapter, had now to search more widely than usual, given the lack of specific research in the field. In order to set out the state of knowledge, the review had to encompass international evidence drawn from hate crime studies in criminology and victimology, law, disability studies and the violence against women scholarly literatures, to try to adequately follow the path of literature concerning disablist hate crime and rape against disabled women.

1.4 The emerging area of disabled hate crime research

Disabled hate crime may share similarities and differences with existing hate crime against communities of identity, but there was little scholarly evidence available as to what these particularities may be; more research was indicated. After pilot studies from 2009, the research discussed in this thesis set out to explore with victims and Survivors themselves (with pan-impairment and different experiences of disabled violence) broadly how and why the structural and individual locations and effects of disabled hate crimes, might be similar or distinct to the experiences of existing groups of hate crime victims. In chapter two, the literature reviewed demonstrates the emancipatory validity of utilizing the hate crime frame, through which to analyse and locate violence against disabled people.

This thesis aims to fill a crucial gap; the literature review in chapter two demonstrates that disabled women are sometimes mentioned in passing, but the voices and choices of victims and Survivors are largely invisible in the scholarly literatures of violence against women, hate crime and disability studies. The focus of the study turns to consider the barriers experienced by disabled women and any services accessible to support victims and Survivors after disabled hate crime. The particular needs of disabled women after rape are foregrounded, as the literature review will demonstrate. Particularly, notions of consent and capacity may also become muddled in relation to disabled women experiencing abuse and rape. Here, the violence against women literature became relevant. Whilst the quantitative data (CSEW, 2012) and media analyses (Sherry, 2010, Quarmby, 2011) support the

existence of the problem of disabled hate crime, this thesis takes a qualitative sociological approach, working with victims and Survivors themselves, whose voices are currently under-represented in the literature. The next chapter in this thesis therefore evaluates the circumstances in which lessons from these existing literatures about survival after hate crime involving sexual violence could be applicable to the cases of disabled women after hate crime involving rape and critiques the gaps and problems in the existing literatures.

Whilst not all crimes against disabled people are hate crimes, increasingly disabled victims and activists choose to locate some of their experiences as hate crimes.

Invoking hate crime conceptualisation also assists in opposing paternalistic constructions of disabled people as vulnerable and passive subjects of care, abuse or bullying, which, as chapter two shows, may lead to infantilisation in policy and research and the minimisation of serious and escalating crimes against disabled adults in statutory services. This construction is conceptually useful for a new social movement interested in improving equity, rights and dignity for disabled people.

The notion of hate crime also illuminates symbolic and historic violence (Perry, 2001) which here segregates disabled people in institutions, oppresses and limits the citizenship of more disabled people and our families, than simply the direct violence against the immediate victim. Kelly (1988) described a similar functional pattern in relation to how societal patterns (of inequality, patriarchy and dominance) normalise sexual violence against women, in her classic conceptualization of the Continuum of Violence. Chapter four of this thesis will adapt this continuum to map the characteristics of hate crime rape of disabled women, for the first time.

The thesis contributes to addressing the invisibility of disabled victim and Survivor voices in the literatures, but the original contributions go further. After pilot studies from 2007-2009, the research discussed in this thesis set out to talk with disabled women who had been victims and Survivors of disabledist hate crimes. Importantly, the research discussed in this thesis clarifies the particularities of interventions after disabledist hate rape that are indicated but may be distinct from those after surviving random (non-hate aggravated) crimes, different or similar to the paths and service requirements of non-disabled Survivors of hate crime or non-disabled women after rape.

The study is also concerned with disabled people's civil rights, following over thirty years of disability studies exploring the barriers to disabled people's equal outcomes from education (Barton, 1993) to social care (Oliver, 1992) and research (Barnes and Mercer, 1997). The field focused also largely on discrimination and disabled people in employment and social policy (cf. Roulstone, 2004). But disability studies research is not only a philosophical pastime; it is constructed as a key part of the social movement for the emancipation of disabled people (Barnes and Mercer, 1997). Oliver (1992) argued that disabled people conducting disability research should be part of the struggle to resist the cultural, material and political assignation of disabled people to a subsection of pathologized health, social care or segregated living. However, violence has usually been invisible in the field of disability studies in the UK too; instead, attacks are often minimized as 'abuse' categorized by non-disabled professionals in social care or psychology literatures, who study and report

on passive disabled people by impairment group, as subjects of research. Therefore, it is central that the voices of disabled women who have experienced *disablist hate crime* involving rape are illuminated in this thesis. Significantly, this is the first user-led UK research concerning *disablist hate crime* involving rape and may be unique internationally. It is the first UK study to be inclusive of women with many physical, sensory, mental health and intellectual impairment labels, women in institutions and women who rely on the perpetrators of sexual violence to help them access personal support. Hence, whilst the epistemology underpinning the study is drawn from feminisms, the social model of disability ontologically underpins this research.

Therefore, this thesis sits at the nexus of the criminological hate crime studies, violence against women and disability studies literatures; all fields which are related in terms of social justice and intersectional, marginalised groups. The study advances to explore the barriers to safety and justice encountered by disabled women who are victims and Survivors themselves, after *disablist hate crime*. Further, it analyses which interventions are identified as most effective by victims and Survivors after *disablist hate crimes*, and why they are valued as such. This is still relevant work; just this year, Walklate (2014) issued a renewed call, urging that it is now as necessary and relevant to victimology to appreciate the lived reality of women after sexual violence, as it had been to consider the statistical incidences and policies that surrounded them in the past. Acknowledging this focus, this thesis is centred around participant voice, foregrounding an experiential frame, working *with* participants (rather than researching passive subjects). The chosen methods which best suited this aim are discussed further in chapter three of the thesis.

The research itself was conducted in the North of England between 2010 and 2013. Chapter three of the thesis outlines the standpoint feminist epistemology (Harding, 1991, Letherby, 2003) that was employed in this research design and delivery, underpinned with the social model of disability (Oliver, 1992). This approach took its lead from Anderson & Doherty (2008) in deconstructing power relations exposed through the lived experience of the group. The chapter then outlines the specific methods used in data gathering, analysis and dissemination of the results, specifically the use of intersectional analysis after Crenshaw (1991). It argues that focus group methods from feminisms were particularly appropriate for work concerned with collective interventions, in sensitive subjects such as rape (Bergen, 1993) with isolated participants. This is particularly relevant if we accept the construction that hate crime is not only an individual crime, but one which harms communities of identity. Chapter three outlines the careful and sensitive Survivor ethics methodology (Faulkner, 2004) utilized in the under-explored area of disabled hate rape. The thesis contributes originally to developments in participative working with disabled Survivors through praxis (particularly in terms of ethical guards to ensure capacity and disclosures of participants, as discussed in chapters three and six). Specifically, chapter three discusses an original contribution demonstrating how the appropriate and safe use of advocates, interpreters and co-facilitators from communities of identity was useful for such hate crime research, as well as how the project negotiated disclosure and escalation of threat and post-separation violence as safely as possible. In all, nine focus groups with eighty-two victims and Survivors after disabled hate rape were thus conducted.

Chapter four of the thesis discusses the findings from this research with regard to gaps and barriers faced by disabled and Deaf women after disablist hate rape. It firstly evaluates the barriers to safety that disabled women after disablist hate rape experienced in social care and health services, followed by the barriers criminal justice systems when they tried to report. It then analyses the emergent links and distinctions between disablist hate crime involving rape in institutions, private and public spaces, where perpetrators are both known to the women or not; specifically it establishes from the data how disablist hate rapes are distinct against attacks on non-disabled women, or rapes not linked to disablist hostility. It makes a specific original contribution in outlining the shape of sexual extortion in disablist hate rape, which is very distinct compared to the shape of rape and domestic violence for non-disabled women. It discusses barriers to equality in criminal justice, victim industry providers and social care services as experienced by the participants in the focus group. Chapter four then uses these findings of the study to unsettle policy constructions of 'vulnerability' and originally contextualizes the experiences of the participants in relation to Kelly's Continuum of Violence (1988).

Chapter five moves from structural barriers and mainstream constructions to explore the intersectional locations (Crenshaw, 1991, Collins, 2000) of the participants. It firstly demonstrates the materiality in which the disablist hate rapes are perpetrated and considers the interplay of poverty and class with the participants. Further, the chapter explores how some victims of disablist hate crime are criminalized when they appeal to state power for protection. This chapter also writes the voices of

lesbian women and trans women into the disability literature, which has been identified as a significant gap to date in disability feminist research; these women's experiences demonstrate the interplay between hate rape which is homophobic, disablist or transphobic and subsequent disability arising from the rape.

Given the gaps, barriers and intersections encountered by disabled women after disablist hate rape that are investigated in the thesis, chapter six explores the experiences of the participants through inter- and intra-sectional analyses (Crenshaw, 1991, McCall, 2005), which developed from intersectional theory in feminisms. This takes contextualizes disablist hate rape and barriers for victims and Survivors within the symbolic and historical violence (Perry, 2001) against disabled women. The chapter has regard for the identities of the women themselves, discussing victim or Survivor positionalities and the complex interplay and distinctions between disability, mental health and Deaf identities. This leads to unpack what victims and Survivors perceive as happiness and well-being after disablist hate rape and how social role valorization and self-salience contribute to this. But in parallel with the collective roots of this thesis, arising from feminisms, disability rights and hate crime movements, the thesis resists individualized and medical pathologies of victims and offers collective and community interventions which participants themselves identified as being crucial to their surviving disablist hate rape.

Finally, chapter seven makes grounded and original policy and practice recommendations for criminal justice, social care and voluntary sector victim-saving

projects working with disabled and Deaf women; these recommendations are contrasted with existing policy constructions designed about (but not necessarily with), disabled Survivors. This chapter returns to reflexively explore the insider/outsider positionality of the researcher between activism and the academy during this study. It summarises the findings, limitations and original methodological and substantive contributions made from the thesis.

Having now briefly introduced the academic focus and the structure of the thesis, namely collective interventions with disabled women after disabled hate rape, it is necessary that the background motivation and early pilots for this research are reflected upon more personally in the final section of this chapter. Here, and at one other key point in chapter seven (after discussing the methodology, barriers, intersectionalities and interventions highlighted by the research), this thesis is punctuated with two short, reflexive sections, which are more narrative in style. These two sub-sections have emanated from the research journals kept during the project and serve to reflexively write in the researcher's private voice as part of improving the conceptual analysis in a very personally-grounded project and prioritizing the themes in this academic thesis. This approach is commensurate with the famous feminist acknowledgement that objective research is impossible (Oakley, 1981) and that a standpoint feminist approach (Hartsock, 1983, Harding, 1991) must expose the researcher's own social situation with reference to the subject being studied. Whilst I work reflexively to scrutinise my own bias and ideological underpinnings, which inevitably affect this qualitative research (Mason, 1996) there are other benefits to reflexive research practices and praxis. Gramsci's Prison

Notebook IV (1932) discusses how intellectual thought and feeling as a member of an oppressed group should both be exposed in intellectual inquiry. Whilst there has been substantial development of this concept through feminism, the root remains politically relevant today, in studies concerned with oppression and segregation. For example, my journals also provided a safe space in which to make sense of the unpredictable research experience (Bolton, 2005), particularly when professional and personal research domains collided during this sensitive research (Vernon, 1997). To exclude these reflexive backgrounds would do a disservice to the feminisms and participants, experience, within which this research is grounded.

1.5 Reflexive discussion - background and pilot study

In 2003, I co-founded a user-led, social enterprise of disabled people, Vision Sense, based in Jarrow, South Tyneside (in the North of England) and I continue to work there as Policy and Training Director, whilst conducting this research part-time. In 2005, some disabled clients and volunteers had begun to report to my colleagues and me, that they were experiencing worse-than-usual and escalating hostility and violence, so we began some exploratory work with the local Force, Northumbria Police. Then, in 2007, Brent Martin, a man with the label of learning difficulty, was murdered less than eight miles from our office (Equality and Human Rights Commission, 2012). The three perpetrators targeted him for over three months and he thought they were his friends. They stole money from him and eventually kicked him to death over a mile and a half around the Town End Farm estate in Sunderland for a five pound bet, having agreed the winner would be the person who could knock

him unconscious first. He sustained 18 blows to the head before he died in hospital of his injuries. One of the offenders, convicted of the murder, had said: “I’m not going down for a muppet”(Chakraborti & Garland, 2009, p94), and the offenders continued to say they were proud of what they had done (Equality and Human Rights Commission, 2012). These statements appeared to be clear indications of prejudice against Brent on the grounds of his impairment, but the crime was not prosecuted as a hate crime, with conviction obscured by Brent’s so-called, ‘vulnerability’. Brent’s death was not the end of the abuse – his family had to take down a memorial website because of the hate posted on it about Brent’s impairment. The Sunderland Safeguarding Adults Board failed to commission a Serious Case Review, as the murder did not meet their criterion at the time. Brent had been murdered in the same year, less than twenty five miles from where Christine Lakinski was attacked as she died outside her home. Even before the trials of the perpetrators in these cases, the waves of harm in the community (Iganski, 2001) became apparent to us, with several disabled people restricting their social activities and use of public transport through fear of similar escalating attacks. The Scope and UK Disabled People’s Council report on disability hate crime quotes Lesley Mountain, a personal assistant with Better Days, a self-advocacy group in Newcastle with whom we worked closely. Lesley stated that:

“The Brent Martin case has made people very frightened. ... It is limiting the more independent people in our group. They say that they won’t go out after dark or go to new places”(2008, p31).

The familiar avoidance strategies described here are commensurate with Iganski’s (2008) findings from his British Crime Survey analysis of racist hate crime effects, that

hate crime effects the wider community of identity as well as the direct victims. This echoed Stanko's (1990) feminist explanation of the effects of crime, which outlined how women generally begin to understand they should be living in fear of attack. Back in the office in Jarrow, my colleagues and I often reflected that the support planning activity we facilitated to support disabled people to live independently and use public transport, counted for little if disabled people did not feel safe or secure to enjoy a basic human right to life.

Jarrow, the town where we work, is a deprived post-industrial place of high unemployment, with over half of the residents in receipt of means-tested benefits. The area is one of the 10% most disadvantaged areas of the UK; 34% of children in the area live in poverty and over twice the national average of people in Jarrow (11.1%) are economically inactive due to sickness or disability (South Tyneside Council, 2009). Jarrow also has a higher level of anti-social behaviour than anywhere else in the county of Tyne and Wear, a factor which is correlated with deprivation (Wood, 2004). But Jarrow also has a fine tradition of working class collective action and campaigning, epitomized by the famous march of unemployed men from the shipyards of Jarrow to Parliament in London in 1938. So, my path to understand and tackle injustices after disabled hate crime began in Jarrow and it has taken nine years from starting this work to develop and conduct the research in the wider North of England, that is reported in this thesis.

Early in the path to understand disabled hate crime, I encountered many Police officers who anecdotally dismissed Brent Martin's murder and the attack on

Christine Lakinski as isolated incidents. But as a disabled woman in daily contact with other disabled colleagues, volunteers, service users and clients, I felt the fear generated by these incidents and anecdotally worried they were symptomatic of a wider problem. We needed evidence to test our theory and my own journey in developing research began. So, in 2008, I mounted a small regional pilot study, funded by the Equality and Human Rights Commission (EHRC). I set out to receive 150 questionnaire responses and talk to 50 disabled people in discussion groups in a twelve-month period, with a small grant of under ten thousand pounds. Within four months, 428 questionnaires had been received and 222 victims and witnesses from the North East had contact with the project to discuss their experiences. My colleagues and I set about trying to analyse the large amounts of data and found that 17% of respondents reported attacks and harassment which they identified occurred because they were a disabled person, but at the time, only seven per cent of respondents located the crimes against them as hate crimes (Balderston and Morgan, 2009). Over 40% of disabled people in this survey of 428 respondents said they did not report the crimes against them because they lacked confidence in the Police (Roulstone et al., 2011). Despite significant under-reporting to the Police, stories of escalating attacks on disabled people in public and private spaces began to emerge urgently.

However, these were not yet reflected in Police reports, arrests or Court referrals, let alone conviction statistics. Nevertheless, we had enjoyed the introduction of legislation in 2005 (section 146 of the Criminal Justice Act, 2003), which did allow an enhanced sentencing provision for offenders committing crimes with an element of

aggravated hostility against disabled people; the first law in England and Wales to begin to recognize disabled hate crime.

An action and learning set was used for our second pilot study, again funded by the EHRC, in which we worked with a group of trans women from Gay Advice Durham and Darlington, who were experts in reporting and tackling hate crime. Together with Victim Support, disabled Survivors and self-advocates, we set out to qualitatively explore the barriers and gaps that seemed to lead to under-reporting, in greater depth. We discovered that there was no clear pathway through criminal justice services for victims of hate crime who required support, who lacked capacity or had access requirements, so we mapped the first one (Balderston & Roebuck, 2010).

At the end of this second pilot, a small group of trans women and disabled women expressed a desire to stay together and have a women-only sub-group, in which they felt safe to discuss their experiences of sexual assault and rape, which they linked to having been perpetrated against them because of their identity. Later that year, a fellow campaigner, Anne Novis (2010) produced a snap shot report for the UK Disabled People's Council, covering 23 murders of disabled people in the UK that she had gleaned from press reports in the three months from March to May 2010; to put this increase into context, the earlier report by Scope and UK Disabled People's Council (2008) had reported only fifteen murders over three years. Ten of the murders in that three-month period on which Ann reported were of disabled women

involving disabled hate crimes and rapes.

In the North East, whilst working with groups of disabled Survivors of sexual assault and rape, I began to notice peer-driven processes through which the women supported each other, began to set goals for themselves and collectively worked to welcome new members into the group. Some of these normative processes reflected positive developments we had seen anecdotally in some peer advocacy and support groups previously, but some presentations and processes in the group appeared to be quite different to those I would see in rape crisis groups or Women's Aid refuge settings.

In exploring what might be working, or what might be less helpful, scant literature was available with which to explore the effectiveness of different approaches with victims of hate crime and even less in working with disabled women after rape. During my MSc studies, I had also begun to learn about the efficacies of earlier social movement campaigns for social justice and explore how they might be applied to tackling violence against disabled people. However, in consulting group facilitators in disability and women's refuge services and in exploring the literature, there seemed to be some differences between the experiences of disabled and non-disabled women after rape. There was also scant evidence-based provision, or theoretically conceptualised accounts of how collective interventions might function (and benefit, or even be detrimental to members) and therefore we could not yet confidently make recommendations for policy or service provision with disabled women after disabled hate rape.

Alongside the increase in disabled hate attacks and rapes that we began to see emerge after the Millennium and at the start of the latest recession, local, collective advocacy and peer group support services for victims and Survivors, run by women's refuges and user-led organisations of disabled people, were being closed under public spending cuts initiated by the new Conservative-led coalition government. These local services were often replaced by neo-liberal model services; smaller private company provision of individual counselling services, or housing providers winning tendered contracts to provide emergency accommodation for families fleeing violence, thus closing women's refuges. However, hate crime victims and disabled people were often not included in these narrowing service specifications. Changes to legislation also impacted disabled people; although the contested Legal Aid, Sentencing and Punishment of Offenders Act, 2012 offered the concession of equal sentencing tariffs for crimes aggravated by disabled or racist hostility, it also appears to be rolling back many other requirements for the protection of disabled victims of crime (for example, in removing Legal Aid provision for representation after serious injury or impairments acquired in a crime, in relation to applications for the Criminal Compensation Scheme). Given this tidal shift and erosion from public to private provision, from community to commercial services for victims and Survivors, it appeared that further understanding, research and evidence was needed. Ascertaining whether and how collective interventions might assist Survivors and victims after disabled hate crime involving rape became timely; this part-time, self-funded PhD study was thus conceived.

2. Hate Crime, Violence And Rape Of Disabled People: A Literature Review

This chapter reviews relevant literature which firstly informed the scope of the study in advance of fieldwork and secondly updated the study with more recent scholarly texts as the research progressed. Through a critical analysis of significant key theories, data and evidence in relation to the study, gaps were identified in existing research, to inform where original contributions and publishable advancements in the field could be made in this thesis.

The systematic, academically recognised method employed for the literature search (Hart, 1998) used Boolean search strings (appendix three of the thesis sets out the technical details of the literature review method employed, in order to aid replication and transparency for other research in the future). Once the 103 most important texts were selected, they were sorted for analysis into the sections discussed in this chapter. These were supplemented with emerging published work and illustrative case law where appropriate.

The focus of this review explores what is known about violence against disabled people today and narrows to explore violence against disabled women. This is commensurate with the feminist epistemology that underpins the study (which is discussed in chapter three) and places the study in the context of academic struggles to identify, tackle and analyse domestic violence, rape and other violent interpersonal crimes against women. This section illuminates the validity and necessity of including the experience of rape in this study particularly and explores

how a gendered analysis may assist in exposing the ideological edges of disabled hate crime. It justifies the focus of the study firmly on symbolic (hate message crimes) that are interpersonal, rather than actuarial (money or property) crimes against disabled people, using the distinction discussed by Perry (2003) when invoking the arguments of Berk, Boyd & Hamner (1992). Regrettably, only a few empirical sources are currently available in the emerging and under-studied field of disabled hate crime research. The newness of the field of disabled hate crime to date does mean that that our article (Roulstone, Thomas & Balderston, 2011) was one of the first peer-reviewed journal pieces to demonstrate systematic grounded studies with disabled victims and services themselves, using consistent and transparent methodology. Therefore, in relation to disabled hate crime in England and Wales, the reliance on so-called 'grey literature' is still highly informative.

Having explored the particularities already known about disabled hate crime against disabled women involving rape, the next review section moves to consider whether current mainstream interventions are applicable and effective with disabled victims and survivors. In addition, the regard in the proposed study for interventions can learn from the experiences and discourses of women's interventions with victims and survivors after violence over the last forty years and consider what is known about disabled women in these spaces and services. These latter two sections explicitly address two gaps in the scholarly literature identified by Perry (2003), namely analysis of particular victim groups (in this case, disabled women) and hate crime responses with and for victims.

2.1 The shape of violence against disabled people

In mainstream literature about violence, disabled people are often omitted or invisible in statistics or studies about violence; this invisibility may itself signal discrimination (Johnson, 2006). Given the small amounts of reliable data available in England and Wales (as discussed in chapter one), international studies will be included here, although their findings may not be inherently transferable to the situation in the UK.

The first criminologist to link disabled people and victimization seems to be von Hentig (1948). Although fleetingly studied in the latter part of the twentieth century, the early literature about disabled people and violence mostly concerned itself with the emerging problem of abuse of disabled children (Weinberg, 1955, Birrell & Birrell, 1968, Finklehor, 1979), but these studies were still individualizing victims of institutional abuse or incest and constructed effects as individual psychopathology. Reported incidence levels varied enormously; famously, von Hentig said one in a million children were abused (1948) whilst Ryerson found 700 children with learning disabilities who had been sexually abused in Seattle (1984). More moderately Sobsey & Mansell (1990) estimated the rate of sexual abuse was double for disabled children than non-disabled children and this may be a clearer estimate, given the more robust nature of their analysis of data and larger geographical sample across the USA. Sobsey, along with Nosek (a disabled woman academic and researcher), Powers, Baladerian (specializing in domestic violence against disabled women) and Curry have led the emerging field in the USA. In the 1990s, authors also began to

understand that the high level of findings of sexual abuse may be linked to children at risk coming under the greater attention of the authorities (Smith & Adler, 1991) and greater scrutiny by services on lower socio-economic status families (Goldston et al., 1989). This invokes themes of class, poverty and surveillance that can be unpacked in this study as they have not yet been considered together around disablist hate crime, or in the UK in relation to the wider violence against disabled people. Sullivan et al. (1987) found over 50% of Deaf children had been sexually assaulted and that the Deaf abused children demonstrated more excessive behavioural problems than sexually abused hearing children. In addition, Deaf children were more conditioned to obey authority figures, which may make sexual abuse easier and reporting more difficult, (Sullivan et al., 1987). A few studies by Sullivan since have raised the importance of violence in relation to Deaf adults and children, but there was no study of audist hate crime effects or services to date, so this is an important gap to fill for this study. Whilst Deaf people should therefore be included in the study, they are a distinct cultural and linguistic group and do not identify as disabled people (Ladd, 2003).

The focus of this study is therefore with disabled and Deaf adults, but lifetime nature of abuse shown in the literature has also informed the study and it was noted that the fieldwork should prepare for the needs of women who experienced historic sexual assault, which may be different or concurrent with the needs of those experience more recent violence.

Early academic literature about disabled adults and violence was largely impairment specific and from the USA, predicated on medicalised, individualistic constructions of, for example, people with intellectual disabilities (sic) exhibiting compliance or dependency-stress in criminal justice settings (Petersilia, 2001) or as sex offenders with poor social functioning (Griffiths, Hindsburger & Christian, 1985). This turn in the criminological literature, to fashionably link violent offending to medical psychopathology and conditions such as Asperger's syndrome (Langstrom et al., 2009) is problematic from a disability rights perspective and has caused vibrant discourses between researchers in journals, which will be discussed later in the review.

In relation to violence against disabled adults, Heilporn et al. (2006) discussed international literature from Norway, Australia, France and Canada; they settle on ten types of violence and abuse with disabled adults, but the authors say that the forms can all occur simultaneously. These include physical and sexual abuse, material abuse and abuse in institutions, as well as social abuse. They do recognize the abuse of power in their list and the possibility for neglect, but do not mention offender motivation in relation to the violence or how people may be helped after the trauma and distress. Smaller studies have also identified higher rates of mental health service users in domestic violence refuges (Fischbach & Herbert, 1997, Helfrich et al., 2008), but are less compelling in establishing incidence, as they do not control for other significant factors linked to crime, such as poverty in the cohort. The conflation of many types of violence against disabled people may be problematic

in failing to draw out any particularities of the effects and needs of victims and Survivors.

Other researchers consider violence against disabled people by impairment groups; most frequently after the Millennium studies on violence were conducted concerning people with the label of learning difficulty categorized most commonly as people with an IQ lower than 70 (Gates & Waight, 2005, Horner-Johnson & Drum, 2006, Focht-New et al., 2008, Hickson et al., 2008). Brown & Turk (1992) stated that 70% of people with learning disabilities have been sexually abused, but even the authors were concerned that there was not a high level of certainty in their findings. Authors all agreed that there was a higher level of sexual abuse and financial crimes against this group of disabled people and all intimate a higher risk of violence against people living in institutions or in the community in poverty.

More controversially, two studies concentrate on disabled people's violence against staff in institutions; whilst not discussed by the authors, this may point to situational context theories being useful in relation to this subject (Viermö, 2004) and this will be considered with the findings of the current study. Sequeira & Halstead (2001) discussed how to manage violence in the population of people with a learning difficulty; they discuss how best to isolate, restrain or tranquilize a violent patient with learning difficulties and also conflate people with mental illness in this group. The patients are labeled variously as 'unmanageable' or 'disturbed' and some recognize they are being punished by angry staff for their behaviour. This punishment is gendered; tranquilisation for the women, seclusion and restraint for

the men. Whilst the authors recommend more disabled people are involved in research in the future and more training is needed in restraint, there is no mention of dignity or human rights in this research; again this research pathologises disabled people and does not see them as victims or Survivors of institutionalized abuse. Similarly, Strand et al. (2004) in Sweden conducted a survey about violence between learning disabled users of day centre institutions and staff. The authors were accused by Gates (2005) of pathologising the violence as abuse against staff, failing to report it to the authorities and failing to include the disabled people themselves in the survey. Gates also criticized them for conflating anonymity with confidentiality in the study, but the authors refuted this in their response (Strand et al., 2005).

Gates' view seems to have been substantiated by the findings of the Serious Case Review after violence in the Winterbourne View institution against residents with learning disabilities or autism was exposed by undercover journalists; Flynn (2011) found that violence and aggression exhibited by the residents was mostly as a result of previous sexual and physical violence and torture by the staff. In her report, she set out to see the problems as a body of evidence about systemic problems, rather than independent safeguarding episodes. Six of the workers who perpetrated the ill-treatment and abuse were eventually jailed, despite many reports of abuse in the home being ignored previously to the television investigation. The Prosecutor in the case described restraint techniques (including inhumanely trapping disabled women under chairs then sitting on them and stamping on their hands) as, "Inhumane, cruel and hate-fuelled treatment,"(BBC, 2011), a clear parallel, but different outcome from

findings of the Swedish study. On film, Rogers, one of the offenders, is shown slapping patient Simon Tovey across the cheek before goading him by threatening:

"Do you want a scrap? Do you want a fight? Go on and I will bite your bloody face off,"(BBC, 2011).

Judge Ford said in his summing up in this case:

"You attacked the residents as a result of boredom during long shifts and you had viewed patients as playthings,"(BBC, 2011).

However, none of the charges in either the Winterbourne View or the similar Hillcrest Nursing Home abuse trial in Lancaster in 2013, were prosecuted as hostility-related, despite the levels of cruelty and degrading treatment involved. Instead, the Chief Superintendent of Gloucestershire Police, in relation to Winterbourne View said, "These vulnerable people were subjected to the most extreme and persistent abuse... cruel, callous and degrading"(Gillen, 2013).

With the exception of Serious Case Reviews, findings in qualitative research with learning disabled people is usually small scale and impairment specific; Hollomotz (2009) interviewed 18 people, Eastgate (2012) interviewed 10 learning disabled people and uncovered sexual violence within research about sex and human rights. Despite their small scale, these projects are still perhaps more worthwhile in this emerging field than studies which rely on the reports or perceptions of violence found through surveys or interviews with staff or family members. Being able to involve disabled people in the research as participants, not simply subjects and equalizing the methods of research is thus indicated for the fieldwork in this study;

this is also a recurring feminist theme and will be informed by these debates whilst considered in more depth in chapter three of the thesis.

Also taking a rights based approach, Mansell & Sobsey (2001) found that aggression, non-compliance, distress and behaviour disorders were more likely to be results of previous sexual abuse of people with a learning difficulty. Powers et al. (2008), also found that service providers delivered the most force and sexual abuse against people with the label of learning difficulty. This theme of human rights helpfully moves the literature away from seeing disabled people as passive subjects or cruel perpetrators.

Recently it seems, the literature is moving to a social justice approach in which disabled people are acknowledged as having some capacity and agency. This is most important in the work by Viermerö (2004) in Finland and Hollomotz (2009) in England; of all of the studies, these are the most grounded in the social model, even though they are impairment specific, with the former only including 20 women all with physical impairments and Hollomotz only working with people with the label of learning difficulty. The participants in both studies were all of working age and both studies used interviews. Despite these weaknesses, both studies draw important conclusions for the study in hand. Viermö found that 25% of the women had experienced rape or sexual attack and that abusers kept the women in poverty purposefully. She also found that disabled women had to flee to safety; this is problematic if disabled women have valuable and rare adapted homes. Hollomotz draws important conclusions that lack of sex education and problems with lack of

clarity about what constituted consenting sex between adults plays a part in their victimization by others. She uses innovative methods with vignettes as prompts (which will be utilized in this study and conceptualizes risky situations, rather than vulnerability as other authors do (Roberto & Teaster, 2005) with participants and conducted 18 interviews with learning disabled men and women of working age, in day centre or independent living services.

Matthews (1994) and Gill (2010) have both commented that the difference in sexual coercion with disabled people with the label of a learning difficulty, compared to non-disabled people, may be that the disabled person may appear to be willing to have sexual contact, but that they have still been abused, because of the motivation of the other person or the comparative position of lack of power they inhabit compared to the carer, staff member or family member who engages them in sex. Gill (2010) theorises that pity may be part of the problem which leaves disabled people denied their sexuality and therefore, prone to abuse. Wacker, Parish & Macy (2008) develop this further, explaining how sexual exploitation and deprivation of people with cognitive impairments is determined in the legal system on the victims ability to consent. They argue that current statutes not only fail to diminish but may also enhance the risk of sexual assault to adults with learning difficulties. This needs further unpacking in relation to mental capacity and disabled women's ability to consent, a theme which will be unpacked in discussion of the findings later in the thesis.

Other impairment specific research about disabled people in relation to harassment, violence and abuse has been conducted about mental health service users (Berzins et al., 2003, Walsh et al., 2003, Mind, 2007, Hickson et al., 2008). The theme of institutional abuse of disabled people continues in much more of the literature about disabled adults and violence or abuse. Petersilia echoed the findings of Seattle in the levels of institutional abuse in England and Wales in disabled adults, saying that “Victimisation by caregivers may be more common” (2001, p664) for disabled people in institutions than in the community.

Given the risks in this sensitive area, careful research from a social model perspective is needed and with the exception of Nosek’s and Sherry’s excellent work in the field, few researchers are disabled people themselves. Few of the studies meet the disabled people themselves, there is much reliance on population level data analysis or secondary disclosure of violence by staff or family members of the disabled people concerned (Goodley & Runswick-Cole, 2011) which can raise similar ethical concerns to those set out by Gates (2005). Equalising the research relationship has been attempted by Nosek and Hollomotz, but there is still no collective academic work about violence with disabled women in the way we would expect to see from the wider violence against women literatures. There is some evidence of collective work with disabled women after violence (e.g. DAWN project in Ontario, Vision Sense in Newcastle-upon-Tyne), but there is scant research evidence about its efficacy. This is a significant gap and one which can be attended to in the study. Using collective methods may also help to tackle the isolation reported to Nosek et

al. (2006), Viermö (2004) and Hollomotz (2009), if the research includes discussion and safe contact between victims and Survivors (such as in focus groups).

The conduct of impairment specific research is problematic from a disability rights perspective, where impairment labels have been part of the dividing, stigmatizing and control of disabled people by state authorities, charities and professionals for many years (Bagenstos, 2009). Pragmatically, there is little with which to make distinctions between the risk of harm through physical or sexual violence on someone who has a barrier to communication, whether caused by a head injury, learning difficulty, cerebral palsy or autism. The need to involve disabled people invisible in the literature, such as women with sensory impairments, women without speech and Deaf women, as well as women who have experienced violence in the community and in institutions, means a pan-impairment approach will fit not only with the social justice frame of the work, but will also address a gap in the literatures.

2.2 Sexual assault against disabled people

One particular theme that has emerged from the review is sexual assault or sexual abuse against disabled women, which is located as particularly harmful and problematic. Furey (1994) reported 171 cases of sexual abuse of adults with the label of learning difficulty, with more sexual abuse occurring in institutions than in at home or in very small group-homes. In addition, Cohen et al. (2005) found twice the rate of sexual violence amongst disabled women in Canada. In Taiwan, Lin et al.'s

(2009, p973) important five year study of sexual assault of disabled people found that, from 2002-2007, whilst sexual assaults had also increased for the general population, the increase was in excess of four times greater amongst disabled people and the rate of assault was 2.7 times higher than that of the general population. Almost half of cases were amongst intellectually disabled people, followed by one third of cases being perpetrated against people with psychosis. In a study of 284 cases in the USA, Burgess & Philips (2006, p201) found that perpetrators of sexual abuse actively targeted older people (particularly those with high personal care needs or dementia), in residential settings. This is one of the first international studies to find systemic and institutionalised uses of sexual assault, rather than analyzing the cases as individual problems.

Whilst there is a need for qualitative research in this area, Brownridge & Grossman raise concerns about ethics and governance in this research. They are critical of investigations involving safety promoting behaviours of disabled women (Oschwald et al., 2009), and argue that studies into violence against disabled women, when not grounded in the social model of disability, present many methodological risks (for discussion see Curry et al., 2009). They were concerned about the use of studies which defined violence by impairment group (rather than from a consideration of disabling barriers) and those which conflated abuse or sexual violence by partners, carers or staff. Also critiqued was the role of non-disabled researchers in removing disabled women's voices from research analysis. Their criticisms were in terms of the study defining violence in terms of impairment groups and conflating domestic abuse by a partner, rape, violence by a personal assistant and abuse of power in

other caring relationships in considering violence against disabled women in their reporting. These concerns were answered by Curry et al. (2009) who provided more contextual information in their response, but Brownridge & Grossman's comments still hold concern, particularly when non-disabled researchers remove disabled women's voices from the analysis.

The different views of disabled and non-disabled research teams here appear significant but are not analysed deeply in the literature; this is an area which this study contributes to understanding of insider and outsider researcher positions. The vibrant discussion in the literature about ethics influenced the proposed study to concentrate on barriers to justice and independent living after disablism hate crime involving rape, from a social model perspective.

Whilst violence against disabled people appears to be highest in segregated institutions, the effects of segregation on fear and attack of the Other also appears when disabled people become visible in the community (Sin et al., 2009). The phenomenon of so-called mate crime is already being examined; this is a form of hate crime in which disabled people are targeted for violence and theft by non-disabled people who have appeared to befriend them (Thomas, 2011). Thomas (2014) and Hollmotz (2009) both agree that user-led support for disabled people to choose and employ their own staff may help improve their safety. It is perhaps surprising then, that disability studies has only so recently academically turned to consider the role of violence in relation to disabling people.

As it would risk being essentialist to study disabled people as a group, it will be instructive here to consider whether there are particularly gendered elements in attacks on disabled people.

2.3 Do disabled women experience more violence?

To date, no substantive studies about the outcomes of disabled women and violence have been conducted within the disability rights social movement, or by disabled people who openly situate themselves in relation to the study in Europe; this gap perpetuates criticisms that disabled people may be further oppressed as research subjects (Oliver, 1992) and pawns in the world of academic privilege (Stone & Priestley, 1996). It is a surprising omission; a survey in the USA asked disabled women to nominate the most important research topic that affects them; 92% ranked violence as their top priority (Doe, 1997). This disability studies academic reluctance to cast an unhelpful gaze on disabled people as victims is summed up by Shakespeare (2014), who criticizes a focus on violence against disabled people which he worries might contribute to the stereotypes of disabled people. He infers, but does not state, that the stereotype to which we object is Darke's (1998) 'pitiable and pathetic' disabled victim who requires charity. The focus of this study in contrast was underpinned by feminisms and the social model, which considered the structural and attitudinal barriers in society, resisting notions of individual vulnerability. In addition, invoking the emancipatory frame of hate crime, shifted the 'problem' onto society's prejudice and the hostility of the offender. Further, the study highlighted

Survivor resistance and the salience of disabled people's collective action against hate crime and victim-hood.

There has already been a welcome recognition of the needs of disabled women and in relation to family violence in Canada (Rivers-Moore, 2000) but this was awareness-raising of the problem and not primary research. Pelletier (1985) for DAWN in Ontario completed a survey with disabled women after domestic violence, but this did not produce academically rigorous or replicable research. As it was a written survey instrument, it did exclude the responses of women who did not read English or French, or who would rely on the perpetrators of violence to help them complete it. However, although a convenience sample, it did reach over 200 disabled people and was valuable in raising awareness of services with disabled people. Originally, it pointed to 15% of disabled women who had violence against them perpetrated by their parents.

In 2001, an important special issue of Violence against Women concentrated on violence against disabled women, including sterilization, tranquilisation and abuse by personal assistants. The editors, Chenoweth & Cook (2001) state how important and invisible the voices of disabled women are after violence. Whilst all the research contributions to this volume are discussed elsewhere in the review, of all the papers in the collection, Gilson et al. (2001), working in the USA, is of most use to the study in hand. They were unique in all of the studies about violence against disabled women found for this review in using feminist focus groups for their study of

disabled women after violence and therefore most instructive for the study reported in this thesis. The research team of three social worker Professors included a man and at least one researcher who had experienced violence themselves, but the description of the research does not say whether the researchers are disabled people. Their study included 16 disabled women, recruited from Centres of Independent living, who had experienced violence and abuse alongside other disabled people and professionals working with them. The participants' impairments were listed, but none of the women disclosed mental health service need or the label of a learning difficulty. Gilson et al. (2001) agreed with Young et al. (1997) that violence against disabled women was experienced for longer durations than with non-disabled women and had fewer options for escape from abuse, because of the violence by care-givers. Whilst they found no difference in the rate of violence between disabled and non-disabled women, they did find higher rates of sexual assault and echoed the use of unwanted restraint in the perpetration of violence, which is quite different to the violence experienced by most non-disabled women. More importantly, they theorise from their results that disabled women are placed into poverty by the perpetrator, to make further abuse and neglect possible. This study was small, but its design does show that collective and feminist methods are applicable to work with disabled women after violence.

In England more recently, work by researchers from child protection and social work backgrounds has explored domestic violence against disabled women (Hague et al., 2008, 2011). This non-disabled team had an advisory group of disabled women and received Disability Equality Training before they undertook the field research. The

research is valuable and makes a number of recommendations. However, they excluded women in institutions, women with mental health service use and women with the label of learning difficulty, apparently due to lack of resources, despite the £260,000 funding from the Big Lottery Fund and support in kind from Women's Aid. The authors indicate that further research is needed in these areas, which was sadly indicated by the murder of Mary Fox in Cornwall in 2009, when she was burnt to death in her bed after lit fireworks were put through her letterbox. The perpetrators of the attack had been bullying Mary's son because his mother, who was later said to have mild learning difficulties, was odd (Press Association, 2010). Naidu et al. (2005) also excluded women with learning difficulties and mental health service use from their research with disabled women after domestic violence in South Africa. Given this invisibility of the voices of disabled women with a range of impairments and who live in institutions in the literature, it is instructive to consider to what extent disabled women are included in the feminist literature on violence against women. This is crucial, too, in terms of hate crime; Perry has argued that there is a need for research which addresses the,

"Specificity of violence experienced by people who occupy multiple positions of culturally defined inferiority: women with disabilities, or gay men of colour" (Perry 2003b, p33).

The feminist literature surrounding violence against women is a rich seam indeed, from which the barriers and opportunities from which to begin theory-making around similarities and differences in interventions may be unearthed. Since the 1960s, feminists have explained that the personal is political and the two spheres

cannot be separated. Feminist activism in the 1960s, 70s and 80s responded to the hegemonic refusal of civic and legal recognition by creating their own interventions (refuges, consciousness-raising, women's advocacy groups) and many evaluations and academic accounts of this work are available. These are outwith this study, as the research reported in this thesis sought models of intervention identified by the participants themselves, in line with methodology drawn from feminisms (Letherby, 2003, p66). This methodology is further discussed further in chapter three of the thesis.

Against this backdrop from feminisms and the academic focus on intersectionality after Crenshaw, the invisibility of disabled women in safety policy in England and Wales is perhaps surprising; for example, we only enjoy one passing mention in the current Home Office action plan, designed to end violence against women and girls (Home Office, 2011, p6).

However, there appears to be emerging evidence from North America and Europe that domestic violence against men, couple and family violence occurs, but that men are more reluctant to report (Barber, 2008). However, the majority of injurious violence, murders and suicides from domestic violence are still overwhelmingly experienced globally by women (Devries et al., 2011) and men were more likely to use weapons to injure women in the attacks (Hester & Westmarland, 2006). Thus, this study firmly takes a lead from the violence against women literature, rather than the newer gender and family-based violence frames.

Gender and violence act together in their effects; Hastings & Kaufman-Kantor, (2003) found that twice as many women with a history of childhood abuse or domestic violence had undergone major surgery, compared to women with no history of violence against them. This was as high as 88.9% of women survivors of childhood abuse and 95% of survivors of domestic violence, compared with 67.3% of the control group (Hastings & Kaufman Kantor, 2003). This was a small study of 53 white women, but it did have a comparative control group and their recommendation to identify women survivors of abuse presenting for surgery in order to offer services is a welcome one, especially considering how women can become disabled as a result of rape (cf. Resnick et al., 2005) or subsequent surgery.

However, work about disabled women's lives from a feminist perspective is less established as a literature. Morris (1992) has argued that sexism and disablism acted together in our lives and Begum (1992) and Ghai brought valuable nuanced understandings of the impact of gender, racism and colonialism, which work together in "A plurality of identity markers" (2002, p49) in disabled women's life chances. LaLiberte and Lightfoot (2008) investigated African-American disabled women's experience of violence, using focus groups. They underline the relationships between care givers and personal assistants in preventing disclosure of violence or escape from it. Meekosha (2008) has more recently developed the theme of women's corporeality in the Global South in the literature, suggesting there is still a need for feminist cultural analysis of violence against disabled women. As Northern hemisphere disabled feminists, we therefore need to be careful of our colonial history and white supremacy in relation to our work. However, the inter-

dependent mechanisms of social inequality (West & Fenstermaker, 1995) are exposed as working intersectionally within the oppressions of gender, violence and poverty in most of the literature about violence against disabled women. Thus, in the feminist tradition of naming the problem, it is to the experience of rape that this review now turns.

2.4 Why should the invisibility of rape be addressed in the study?

Commonly, murder and unlawful killing are commonly held to be amongst the most serious crimes committed against a person, with post-crime effects obviously resting on the family and friends, rather than the deceased. Rape is one of the next most serious crimes against a person and as the large scale, international studies discussed above indicate, disabled women likely experience significantly more sexual assaults, rapes, domestic violence attacks involving sex and sexual abuse (and more violent ones) than non-disabled women, or disabled men.

Particular physical effects of rape over and above those after physical or sexual assault include contracting HIV (Kim et al., 2003) though Cohen et al. (2005) correlated this rate as being higher in child sexual abuse than adult rape. Conception is another obvious symptom of rape (obviously not seen in physical assault) and women are more likely to be at risk of violent death when they are pregnant (Samandari et al., 2011). Other physical effects are worse in rape than in other assaults, for example, raped women with gastrointestinal disorder had one and a half times the lifetime surgeries expected from people without sexual abuse

histories (due in part to the invasive damage of forced rape and more pain than for life-threatening assaults in other women (Leserman et al., 1996). Whilst the authors are cautiously resistant to generalizable results outside of this patient group, they did minimise the effects of false memories or the effects of therapy in their methodology, as well as controlling for other factors using ANCOVA equations before asserting their findings, which should increase the reliability of the work.

The effects of rape are not only physical; Resnick (1993) showed that 45% of women who have been raped develop PTSD (compared to 8% of female accident survivors). A decade later, Coid et al., in a controversial north London study, showed that rape survivors were more likely to have PTSD, anxiety and to self injure (2003). Moving forward another ten years, some third sector organisations are now promoting recognition of DID in relation to disabled women after ritual abuse. One meta-analysis showed women who have been raped also have shown twice the lifetime levels of depression, with rape victims exhibiting ten times the eating disorder incidence over other sexual abuse victims (Chen et al., 2010, p622). These are serious and sometimes fatal effects; further research in the USA and UK demonstrated that raped women have more suicide attempts (Kirkpatrick et al., 1992, Petrak et al., 1997, Cardyn, 2002), more multiple suicide attempts even than those women experiencing beatings, gun crime or attempted murder (Ilgen et al., 2010, p112) and are more at risk of completing suicide (Heke, Forster & d'Ardenne, 2009). This move to pathologise the trauma effects of rape as a psychiatric morbidity, may benefit from being problematized from a feminist disability studies and Survivor perspective; I have been unable to find this perspective in the literature

about violence to date, though some anti-psychiatry studies are emerging to discuss the problem. The conclusion to this thesis returns to discuss this issue.

From the international literature, however, there is evidence emerging that disabled women in particular appear to be disproportionately at risk of sexual abuse and assault. Martin et al. (2006, p824) surveyed over 5,600 women in North Carolina and found that disabled women were no more or less likely than other women to experience physical assault (though they quote other studies which found a link between physical assault and disabled women living in institutions). However, Martin et al. found that disabled women were four times as likely to experience sexual assault compared to non-disabled women. This finding was also substantiated in Casteel et al., 2008; their analysis of national Violence Against Women surveys in the USA found that disabled women with severe limitation on their daily activities from their impairment were four times more likely to experience sexual assault, with the highest risk being for women aged 18-24. This was an important study, but the authors themselves recognize that women with 'cognitive impairments' are likely to be excluded by inaccessible survey instruments.

In another analysis of national survey data in the USA, Smith (2008) analysed data from 49,756 activity limited women (from a sample of 219,911) and found twice the level of physical and sexual assault in women with activity limitations, with risks linked to being younger (which concurs with the Nosek, Hughes and Taylor finding), not employed and single. Furthermore, another large scale comparative study shows that, in Canada for example, disabled women are up to twice as likely as non-

disabled women to experience sexual assault, even after adjusting for ethnicity, age, marital status, education, income, religion and children (Cohen et al., 2005). In addition, violence against these disabled women was likely to be more severe (Brownridge, 2006).

In the USA, one reliable, large scale study (n=219,911) corroborated by a more detailed but smaller one, identified disabled women to also be twice as likely (Smith, 2008, Nosek et al., 2006 respectively) than the general population to experience sexual assault, again even when controlling for other variables. Large scale quantitative studies also show that the rate of sexual assault against disabled women may be increasing more sharply over time than for non-disabled women; a five year study in Taiwan demonstrated the increased rate of sexual assaults of disabled people increased 2.7 times more than that of non-disabled people in the population and that the incidence for sexual assault against learning disabled people in 2007, for example, was fourteen times that of the general population (Lin et al., 2009, p973); whether this large spike could be in part due to a methodological problem, given the methods of data collection may not have been as accessible to this cohort and were more likely to have involved a proxy in completion of the survey, is not adequately discussed in the otherwise fairly reliable work.

It is therefore of no surprise when seeing the incidence and effects of rape, that of all serious crimes, rape is the crime women are most worried about (Walby and Myhill, 2001, p502), even if the actual levels of it are often under-reported. This chapter has

thus far identified attacks against disabled women being noted in the international literature, particularly in sexual abuse, domestic violence, rape and assault against disabled women, mostly perpetrated by people known to them (partners, carers, family members, staff in institutions) and, to a lesser extent in the existing data, strangers. This is consistent with Hague et al.'s (2008) finding in the UK and may have to do with power relations when disabled women rely on partners for meeting their personal support needs (cf. Saxton et al., 2001).

It may be at first surprising that disabled women are so co-located with sexual violence, as disabled people are commonly desexualised in popular culture; we may think here of stereotypes such as the disabled husband in Lady Chatterley's lover and the lack of sex and relationship planning in support plans for independent living. This may be part of disabled people being undermined as "Passive, helpless burdens" (Begum, 1992, p69). However, Rivers-Moore (2000) posited that the effects of an asexual position can be a lack of access to sex education, which in turn can keep people from staying safe (Hollomotz, 2009). An impact of this lack of choice and control in sex and relationships is exposed in Campling's description of a disabled woman's husband:

"I am told how wonderful he is and how lucky I am... not to be alone. No one has ever said he is lucky (unthinkable) or obviously he stays with you because you give as much as you take"(1992, p70).

This construction of unattractive disabled people may obscure our ability to uncover rape and intimate violence against disabled women. Pity and hate are closely linked opposite sides of the same coin, and called 'the mark of oppression,' by Scott (1997,

p93). So, disabled women can be objects of sexual use and violence can accompany this positionality, if the disabled woman is not an independent actor taking her own sexual agency in an equal relationship. Campling's experience also demonstrated inequalities within groups. Men can be at once subordinate (disabled) and dominant (patriarchal), rendering it difficult to unpack their positionality and, as Weber and Parra-Medina (2003) would assert, this position is therefore less instructive in researching them in intersectional terms around violence.

This problem is still largely rendered invisible from the lack of large scale or qualitative studies the UK, though Hague et al. (2010) have gone some way to filling this gap in relation to domestic violence against women with physical and sensory impairments living in the community. Hollomotz (2011) helpfully discusses the importance of consenting sexual relationships for disabled people, so that they may be able to compare and resist abusive harassment and intercourse more easily. More research in this area of sexual relationships and disabled people is needed, but it is outwith this study.

In terms of informing the messy space between hate crime literature (in which most types of attacks are homogenised) and studies into violence against disabled people in institutions (which are rarely seen as systemic in the way MacPherson would understand), this study has explored the distinctions and links between public and private space violence in chapter four of this thesis.

Despite the existence of legislation, grey literature, international research and some conviction figures, there is still scant evidence thus far about perpetrator motive and social policy responses unhelpfully refute prejudice by introducing notions of vulnerability. Petersilia's (2001, p678) study did attempt to consider perpetrator motivation and located a desire to control, which:

"Can take the form of bondage, torture, sexual assault or a variety of other actions" (2001, p678).

This is supported by Sherry who concluded that the nature of disabled hate crime is often, 'Hypersexual' (Sherry, 2010, p100), due he says, to the de-humanising position of disabled people in society.

But how are we to define sexual violence against disabled women? There are various legal, medical and social care definitions of rape, sexual assault and abuse; it would be incongruent with feminist methods to proffer these here, suffice to say that it is the harm of the penetration, meeting the violence of not having consented, added to the oppressive assertions on the victim's identity in hate crime, that may do the most harm. As early as 1967, Ture and Hamilton had clearly explained how political, economic and social privilege is defended by violence (1992, p8) so Stanko (1989) would not thank us now for turning to those very patriarchal institutions of privilege (law and medicine) to define for us women's own experiences, which may render the problem of rape against disabled women invisible in their definitions (Hatty, 1989, p71). A problem of terminology also arises, however, in the policy discussions about sexual violence against women. When the field was politically emerging in the 1960s and 1970s, feminists (including Daly) talked of rape and wife-

battering. Once statutory powers entered the field, terminology took a discursive turn to be cast as, 'Domestic violence,' or, 'Interpersonal violence,' and rape to be included in the category of, 'Sexual assault or abuse.' With this, it became familiar, less emotive and regulated to conflate what does and does not appear as rape. As feminists, in order to tackle a problem, we need to name it ourselves and recognise the structural dimensions of the women's realities. Another problem of terminology recently emerges in the literature about disabled people's experiences of rape. Hollomotz (2009, p 103) eloquently discusses the use of the term, 'sexual abuse' to dehumanize (and therefore reduce the concern about) sexual violence and rape of learning disabled people, which she explains distorts learning disabled people as not having adult social status, because abuse is located with children, rather than adults. Perhaps this might explain why few studies disaggregate the rape of disabled women from other abuse or physical assault? Hollomotz's analysis may allow us to draw parallels with the concept of slaves as having no female worth or sexual status and therefore being deemed 'unrapeable'. Hollomotz (2013) usefully adopts Kelly's (1988) feminist approach to discussions of forced rape, experienced by learning disabled people in segregated, institutional living. She acknowledged that I had usefully assisted her to locate disabled hate crime on Kelly's continuum of violence (Hollomotz, 2013).

This review then shows that it is too simplistic to say that rape is simply perpetrated on already disabled women; many women are also shown in this literature to be disabled by rape and violent sexual assault, too. Dealing with the aftermath of the crime, subsequent impairment, increased harm from the attack perpetrated on the

grounds of hate crime and stigmatisation from friends and family means that any intervention must work in accessible and culturally competent ways.

Thankfully, feminist analyses have, for many years, thrown more light on the invisibility of rape than can be gleaned even from large scale dataset research. For example, Worrell (2001) argues compellingly that in survey research, women are unlikely to report real levels of rape, due in part to fear of disclosure, stigma about the attack, fear of being blamed for somehow being complicit or provoking it or not recognising it as rape because they knew the attacker. Rape victims experiences of societal exclusion, shame and avoidance behaviour, as well as relationship problems, were also evidenced (Sacks et al., 2008), adding to its invisibility in official reports. In seeking out the increased impact of her rape over the simultaneous physical attack she experienced, the philosopher, Brison (2002, p12) explains eloquently how the taboos of talking openly about sex prevented her parents and brother from giving her the support she needed and asserts that families and children are prevented by these taboos from learning appropriate emotional responses or how to react to rape, making interventions outside of the family even more necessary.

Having established that rape against disabled women is an important area in which further research is indicated, it is time to consider what is known about whether there might be a hostility-aggravated or hate crime element to these rapes? It seems from the literature thus far that the older literature about violence against disabled people and the criminal justice system often obscures this as abuse or a

safeguarding issue. Does the hate crime literature bear out the social justice framework around disabled hate crime?

2.5 Situating the study on the path of hate crime literature

Perry acknowledges that there is no monolithic shape to hate or bias motivated crimes, but that they are “Dynamic processes, involving context, actors, structure and agency” (2003a, xv). This was a much more helpful explanation in terms of this study than the frame of vulnerability and abuse in terms of violence against disabled people, because it situated the struggle for recognition and helped to explain contested constructions between different jurisdictions, institutions, agencies and communities over time. This is useful in the sociological moment relating to hate crime in which economic changes, unemployment and spatial mobility coincide with upsurges in racist hate crime (Heitmeyer, 1992); this notion of economic threat theory (Frost, 2008) had yet to be tested in terms of disabled hate crime and this study explored the validity of the construction.

The most compelling (and empirically evidenced) path of the literature leading to this study is the demonstrable increased harm to the victim of hate crime (Iganski, 2008) which strikes at their identity (Iganski and Lagou, 2009, p12) and the waves of harm that emanate from the attack to impact the wider community of identity, making hate crimes, about the group’s lack of status or value in society. This wider understanding was more useful to this study, given that interventions are concerned with after-effects of the attack; this makes it problematic to simply quote current

and narrow definitions from legislative or criminal justice organisations, in a search for the meanings behind, or solutions to, the problem at hand.

However, the notion of hate crimes are distinct from other crimes in Law, due to the figurative effect which goes beyond the victim and their immediate community or geographical area and this concept is contingent on both sides of the Atlantic.

Criminology is helpful in exploring perpetrator motivations and profiles in hate crime, too. Usefully, Levin and McDevitt's (1993) evidence based typology also included offenders who committed their crimes for the excitement or the thrill, offenders who saw themselves as defending their turf (commensurate with Frost's economic threat theory from 2008), and only a small group of offenders whose life's mission had become to rid the world of groups they considered evil or inferior (and disabled people are certainly subjected to de-humanising violence, as described by Sherry (2010, p100).

To date, however, the hate crime literature largely homogenises types of attacks in its analysis and takes a 'strand' approach, predicated on the legal protections for each identity group (based on racist, homophobic, faith based or disabled attacks). This creates a problem for victims with an intersectional identity who have to decide which of their categorisations has been primarily attacked. If hate crime is largely homogenised in the literature and if violence is a useful illustration of where the edges of ideological inequality are exposed, which effects of which violence, in relation to disabled people, might it be useful for the study to explore? Are theft of a television, murder or graffiti, for example all equally useful to us in understanding

oppression (and recovery) of disabled people on the grounds of identity? These illuminated key concepts and themes for systematic review and the essential narrowing of focus for the formal PhD study.

In addition to the effect on the individual, theorists demonstrate that hate crime has profound, particular and figurative effects on communities of identity, as well as the actual victim, which make it distinct from other forms of crime. This creates a context for the sociological underpinning of constructions of hate crime, in which economic changes, unemployment and spatial mobility co-incide with upsurges in identity based hate crime attacks (Heitmeyer, 1992, Frost, 2008). Given the contemporary recession which began in 2008 and was compounded by statutory sector cuts in 2010, in which the study sits, hate crime may be a timely case study.

2.6 Obscuring disabledist hate crime as a concept

However, it is not enough simply to apply the theoretical frames employed in racist hate crimes to our 'case' of disabledist hate crime. It is perhaps this comparison between race and disabledist hate crimes that contributes to the mistaken cultural assumption of hate crime perpetrators against all identity groups being hunting packs of white supremacist militia (as discussed by Katz and Bailey, 2000). This stereotype may have contributed to the invisibility in the past of institutional violence against disabled people which could be legitimately located as hate crime.

Another significant problem in establishing prevalence of violence against disabled people is the eighteen (or perhaps more) different definitions of disability used by Government agencies, departments, police, local authority and health services, which obscure the dark figure of crime and which make comparisons difficult. The Office of Disability Issues Statistical Harmonisation Group continues its work to align these medical, legal and population definitions (White, 2011) and to try to include a social model perspective, but this is unlikely to result in immediate improvement in the reliability of the disabled hate crime statistics in England and Wales.

In terms of disabled hate crime literature, Sherry posed the question: "Does anyone really hate disabled people?" (2010), cleverly playing on the pity and charity that surrounds disabled people. He went on, though not directly answering the question, to set out a myriad of attacks from media reports across the UK and USA. Whilst this work and that of Quarmby (2011) has been essential in raising awareness of the problem, the integrity of the data is limited by using data from newspapers as the main source which may not be correct and is already ideologically mediated. Further interviews with disabled people and families were not subject to ethical oversight, for example from a University, social care or health authority, although Quarmby herself attempted to work at the more conscientious end of journalism in gathering the data. Soothill and Walby (1991) very effectively demonstrated the problems with the sensationalist media reporting of violent crimes, specifically sex crimes. Critiques of the racist reporting in Australian press (Teo, 2000) and homophobic reporting of crimes in the media (Steiner et al., 2009) have usefully followed.

Ahmadt (2004) draws his own parallels between wider societal attitudes to minority groups and the legitimisation of violence, explaining that racial profiling is the state apparatus which legitimizes anti-Muslim violence after September 11. This could easily be paralleled with categorisation of disabled people in criminal justice, health (WHO, 2010) and inequalities in Mental Capacity rights between groups.

Barriers preventing the recognition of disabled hate crime are also more recent, with Shakespeare arguing unhelpfully (though not based on any research or evidence) that patterns of racist hate crime adopted wholesale from the USA do not fit in relation to disabled hate crime in the UK, with the conclusion being that he could consign attacks against disabled people as 'exaggerated' and simply bullying (Spink, 2008), though he has diluted his stance since rigorous work by Emerson & Roulstone and a compelling paper by Tsitsi Chataika were presented at the Lancaster Disability Studies Conference (CeDR, 2012). Despite growing academic evidence and direction by the Crown Prosecution Service, some police and disability charities still see disabled hate crime, harassment or violence against disabled people as low-level incidents of anti-social behaviour, so-called 'Mate Crime' or bullying. However, the Serious Case Review into the killing of Francesca Hardwick by her mother, Fiona Pilkington (who then took her own life) condemned the minimisation of accelerating attacks as simply bullying or low-level incidents.

This is commensurate with early literature discussing the bullying of disabled people. For example, in 2003, the Mayor of London's survey of 500 disabled Londoners found that 33 percent of respondents said that they face discrimination on a regular basis

and 50 per cent had experienced abuse or bullying (2003, p31). However, Hollomotz compellingly explains why the construction of bullying is not a helpful one in relation to violence against disabled people, as the data she gathered demonstrates how it diminishes the crime and may risk further escalation (2009). The affirmation model of disability (Cameron, 2013) sits outwith situating of *disablist hate crime* as an identity politics issue, as it resists the very claiming of pride by disabled people who cherish their identity. This is commensurate with Young's explanation of the role of structural violence in oppressing disabled people and equally important, promoting the role of cultural resistance in tackling it (2009, p287).

Some respected commentators in the field are currently circling around indicators of the individual vulnerability hypothesis (Chakraborti, 2011, Garland, 2012) of hate crime victims, in order to include homeless people and goths, for example. However, the use of a low level philosophical concept in policy may be problematic. Not least, as it negates the impact on the wider community of these "Message crimes" (Iganski, 2001, p630), which seek to oppress the whole group of identity. It also ignores the canon of feminist analysis which empirically (Koss and Dinero, 1989) disproved the myth of women being identified as vulnerable to rape by their own characteristics, showing instead that we have risk factors in relation to perpetrators - that the problem was that of the rapist, not the raped.

In *disablist hate crime*, the construction of vulnerability in social care has also obscured justice and safety for disabled people for many years (Roulstone, Thomas & Balderston, 2011). Thus, the recent dismantling of it in statute, through the Law

Commission's review, is a welcome one; we are spared the route of victim-blaming (Worrell, 2001) once again. Chapter four of this thesis will theoretically and practically consider the location of vulnerability in more depth. However, there is now growing evidence that suggests disabled hate crime is more severe in impact on the victim and the wider community than individual bullying and vulnerability, therefore it is to this that the literature review in hand now turns.

General characteristics of hate crime attacks are noted by Levin (1999, p8) who points out that hate crime attacks involve "Excessive violence". Iganski (2001, p634) also discusses how hate crimes often involve multiple offenders and are often characterized by repeat victimization and from analysis of large scale datasets in the UK and USA has compellingly shown greater harm in hate crime than in other crimes. There are still, however, few qualitative studies about the emotional impact of racist hate crimes, perhaps in part due to concerns about undertaking culturally competent research from a privileged academic, white positionality (Fine, 1989), or because there may be problematic ethical concerns about re-traumatising participants.

Unhelpfully in the UK, few mental health assessments or support plans with disabled people include the effects of crime, leaving the only useful large dataset for this task to be the Crime Survey for England and Wales (formerly the British Crime Survey). In discussing the low levels of prosecution from reporting figures, Gadd (2009, p768) does acknowledge the effects of victims of racist crime who feel persecuted and this may be commensurate with the effects of the high attrition rate of crimes against disabled people, as discussed in chapter one.

Most large scale studies of the effects of targeted attacks on individual victims relate to gay, lesbian and bisexual men and women who experience targeted attacks. Barnes and Ephross (1994, p251) studied 59 victims and concluded that hate crime victims had similar responses (anger, fear sadness) to victims of other personal crimes. However, such a small study, in the USA, with no disaggregation by gender or race, without differentiating effects correlated with the severity of attack, or judicial outcome of the cases, cannot be relied upon. In a much more robust study, Herek, Gillis and Cogan surveyed over 2200 lesbians, bisexual and gay men, in order to assess directly comparative data on psychological distress in victims of hate crime with victims of other crimes (1999, p946). They concluded that higher levels of psychological distress (including anger, anxiety and depression) were experienced after hate crime, compared to non-bias crime. The study also indicates that recovery takes longer for victims of hate crime. In addition, people who had experienced hate crime were more likely to “regard the world as unsafe”(1999, p951); accordingly, the researchers recommend that recovery should assist victims to: “Regain a balanced world view” (1999, p953). This research is more reliable than that of Barnes and Ephross, though Herek, Gillis & Cogan do acknowledge that respondents self-selected to take part, which may have biased the sample.

However, these studies all locate symptoms and effects individually, whereas a major tenet of hate crime theory is to consider impact on the community. In relation to disabled people’s experience, individual location of harm can be pathologising and isolating, with further disabling constructions inscribed (Miller, 2010). Boeckmann

and Liew concentrated on the effects of hate speech giving psychological distress as, they argue it is “The focal point where this conflict is most clearly seen”(2002, p364), and the existence of hate speech is still the dominant evidence relied upon by Courts in the UK when they are attempting to find hostility against a protected group and considering an uplift in tariff against offenders. The effects of hate crime according to Huebner, Rebchook & Kegeles (2004) very much echo Herek et al.’s findings. In their two year study of over 1200 men, that gay and bisexual men who had experienced physical violence reported “Lower self-esteem and a two-fold increase in the odds of reporting suicidal ideation”(2004, p1201).

There are parallels too about the effects of the victim found in the disabled hate crime literature; exploring the targeted effect of hate crime on disabled people in Scotland, Higgins explained:

“As a result of being a victim of hate crime, people reported feeling scared, humiliated, stressed, isolated and lacking in self confidence: almost all in equal measure. Nearly half of victims avoided going to some places, others changed their usual routines and a quarter moved house, with 7% actually changing their job”(2003, p162-163).

This is problematic in terms of disability studies. If research is part of the project of emancipation, as Barnes and Oliver have asserted, the independent living model has spent many years contesting the victim status of disabled people and the subsequent pity we attract. In what circumstances can a study of disabled hate crime not reinforce unhelpful stereotypes against disabled people? This was an important

consideration for the focus and design of the study, discussed in the next chapter of the thesis.

Whilst more research may be required to explore and differentiate the effects on victims of other types of hate crime, the impact of hate crimes is greater, as it reaches members of the community of identity as well as individuals. Martin (1996, p458) explains that the impact on a wider community of identity of a hate crime is greater than would be expected from a random or non-targeted crime. She uses comments made after the now famous attack in Howard Beach to illustrate her argument. Noelle also investigated the psychological impact of the Matthew Shepard murder in the USA on nine gay/bisexual respondents reveal a “vicarious traumatization effect,” (2002,p32) which “challenged the participants’ fundamental assumptions of benevolence and meaningfulness of the world and worthiness of self” (2002, p32). Whilst this study used a small sample, it does contextualise the larger scale quantitative studies which give evidence that the harm of hate crime goes beyond the individual victim.

2.7 Why not study mainstream interventions?

As the earlier section of this review inferred, feminist critics have understood that neo-liberal statutory provisions which channel victims into professionalized services can be damaging in their surveillance and delivery of individual psychological interventions (Bumiller, 2008, p69) as well as re-traumatising women being subjected to the legal process (Mateosian, 2001). These barriers and problems may

also occur in secondary victimisation after racist hate crime, too, through the reluctant responses of the criminal justice system (Norris & Thompson, 1993, Craig-Henderson & Sloan, 2003). This is consistent with the findings of the pilot study for this project, where a lack of victim-centred consideration was inferred in using Police services after the attack; one Action Learning Set member from the North East pilot study said:

"Often, the Police will know the name of the perpetrator in a case, but not know the name of the victim. That sends a powerful message that they don't care or understand the impact on the victim or the dignity they need in the process" (Balderston & Roebuck, 2010, p19).

However, some evidence also suggests that health and social care interventions may also be limited after hate crime. Literature suggests that counselling can be ineffectual after violent crime (Rose et al., 1999) and that empowerment models are problematic (Riger, 1993), given their basis on individualism and masculine concepts of power and control. Some studies explore the structural barriers to access of disabled women in mainstream services (Hague et al., 2010), but little research exists which offers models for longer term interventions which can be accessible and / or culturally competent with disabled women after hate crime and rape. This may be necessary given the persistent and worse impacts which may sustain themselves for many years after the attack (Iganski, 2001).

In addition, the ability of services which are inaccessible or not culturally competent to work with communities of identity may be impaired in dealing with the effects of

crimes predicated on someone's minority status. Psychological literature has indicated for many years that central to victim recovery is the search for meaning (Bulman & Wortman, 1977) and this may be best accomplished in user-led services which understand, rather than deny, pathologise or ignore (even unintentionally) diverse identity construction. In these user-led support groups, as Collins (2000, p554) explains of Black women's groups, the aim is not simply respite or retreat from the effects of crime, but is to also create a place from which women can together confront injustice and oppression. This can be easily contrasted with standardised assessment protocols in mainstream mental health services, which ignore a patient's experience of violent crime (Frueh et al., 2009), despite it being often a trigger to service need.

But, can therapeutic spaces after violence be created in mainstream agencies? In considering interventions un-informed by independent victim-led groups, Bradford (2011) trips Victim Support up when he draws his conclusions about the effects of this major mainstream intervention. He inadvertently shows that organisation serves ostensibly to promote confidence in the criminal justice system in perception, rather than delivering the voice and neutrality to which their public relation portrayal steers. Bradford also demonstrates that disabled people are entirely invisible in Victim Support services, having disaggregated by gender, age and ethnicity only. His analysis seems invisibly (or perhaps ironically) predicated on the concept that the 'soft power' (Nye, 2004) of Victim Support is functional and a 'good' thing; but in terms of disabled people's experience of the criminal justice system, it may be part of the problem of failing to reflect the population the service is funded to serve.

Other analyses shows that counselling people through an interpreter may be ineffectual (Rose et al, 1999) or even can be damaging, for example when working with British Sign Language interpreters (Ubido et al., 2002, Hindley & Kitson, 2000, Steinberg et al., 1998). At best, placing an interpreter into a therapeutic setting is ineffective in delivering therapeutic outcomes (Vernon & Miller, 2001). Lack of cultural competence to work with Deaf people's values (Glickman & Black, 2006), also leads to a failure to deliver an equitable service (*Tugg v. Towey*, 1994, p1001) and culturally incompetent services may not even prevent a Deaf person taking their own life (Turner et al., 2007). Following the, 'Towards Equity and Access' report (DoH, 2005), North East National Health Service (NHS) Commissioners have enabled Deaf-led training for some Deaf people and health staff in the North East, to improve Deaf patient outcomes, particularly indicated after violence and sexual abuse (Balderston et al., 2014, forthcoming). Currently, few Deaf groups are funded to deliver support to Deaf victims after crime and, especially where there is only a small population who require intervention in each region, either as providers or users of the services, so it was important to include Deaf women collectively in this study.

In addition, the victim industry practice known as 'Target hardening,' may not meet the needs of victims of hate crime or disabled people. Millions of pounds has been spent in many local areas across the UK by Victim Support funding and Crime and Disorder Reduction Partnerships, on security equipment (usually the fitting of alarms or locks after domestic violence or burglary). This equipment may be not accessible or easy to use by the so-called 'vulnerable adults' for whom it is fitted (Balderston, 2013). International evidence and criminologists do not necessarily support the

value of this intervention (Hope, 2008) or are suspicious of the market in new technology being applied to tackling crime (Radford & Gill, 2006). Whilst this is an area in which more research is needed, an independent, comparative evaluation of a pilot programme in New Zealand in 2004 found that target hardening (including the installation of burglar alarms) did not reduce the rates of repeat burglary in those households, compared with the total area rates (Casey, Bhavani & Jacka, 2004). In England, although Victim Support's own evaluation of target hardening (2005) showed that victims were anxious before the installation of equipment, scrutiny reveals that the evaluation does not demonstrate that the target hardening reduced this anxiety. Indeed, clinical psychology has long advised that, although it may seem 'natural' for victims to want to secure their properties after burglary, safety-seeking behaviour such as this after incidents, may result in negative feelings being unintentionally reinforced for the victim, preventing recovery in the longer term. Rather than actually preventing harm, it may reduce responsibility for preventing harm in the future, encourage checking (Salkovskis, 1996, p53). When, as a result of checking and the presence of equipment in the home, unpleasant thoughts can be reinforced and become even more persistent (Salkovskis, 1996, p62), further reassurance is needed. For disabled people with rigid thought patterns (for example people with a diagnosis of being on the autism spectrum, or with brain injury), any intervention which makes checking behaviour more ingrained can be in itself disabling (Balderston, 2013).

Problems of casting people after crime centrally as victims can also deliver gendered barriers for women who want to resist the label. This has been discussed for decades

in the feminist literature, for example, from Kreilwitz, 1979 to Hunter and Nisim Sabbatt in 2009 discussing independently the need for shift; for disabled women who have been labeled by many services for much of their lives, this resistance to labels can be foregrounded. Therefore, this study took up Hunter's (2009) challenge to explore how women may move beyond (or inhabit at different times) the paradigm of victim and Survivor and how these identity constructions are different with disabled women. The growing feminist disability studies literature offers many interesting roles which disabled women may take (cf. Kumari Campbell, 2005, Thomas, 2004). However, hate crime perpetrated on the grounds of identity is largely invisible in this literature. Post-structural discourses may be devoid of the grounded frame of the analysis of power relations, which feminist literature shows is necessary with regard to experiences of rape and hate crime (predicated on gender and identity identification, after all), so a significant gap exists. Thus, consideration of how mainstream interventions (and research) affect identity and render disabled and Deaf women after hate crime and rape invisible, were useful for consideration in this study. However, it is increasingly held in these neoliberal times, that individual model mainstream interventions (such as health services promoted as best practice in Walby et al., 2013) may be more effective in delivering services than user-led, collective community ones. Recent criminological research refutes this in considering outcomes after rape and demonstrates the effectiveness of interventions that women run for themselves against those gained by Sexual Assault Referral Centres (SARCs), in building women's confidence and even in gaining perpetrator convictions (Robinson & Hudson, 2011). So, perhaps mainstream spaces may not be the most effective place in which to find resistance in diverse groups. In

structural and feminist terms, the effects of individualistic interventions may be less than helpful in their design, which, as Fine explained, "Make science of a sweeping discourse that positions individual women as the site for remediating.. violence"(1989, p557).

2.8 Why focus on collective interventions?

Perhaps surprisingly then, few studies exist which are concerned with interventions and recovery of life chances after hate crime or rape for disabled women; most concentrate on effects of the violence, with crisis or short term medical services or mental health counselling, from the hours after attack to 12 weeks hence being the focus of intervention studies.

Williams, Marriott & Townsley's work involving service users and conducted for the NHS Service Delivery and Organisation for Research & Development, had already outlined a research priority in the UK, to find measures for action against hate crime and bullying in learning disability services and public spaces (2008, p11). The role of activism and peer advocacy may be often recognised as beneficial in work with victims of crime (Meekums, 2000), with women after inter-personal violence (Schechter, 1982) and disabled people re-entering community life (Downer & Walmsley, 1997, Aslan, 2008) but little research exists which sociologically explores the processes (for example pride in Survivor identity) of group belonging, constructed in these settings by group participants after crime.

This collective approach may be particularly indicated in hate crime, given the need for any intervention in hate crime to also address the collective harms which affect the wider community of identity, as well as those of the victim. Thus, research with disabled hate crime victims and Survivors may be most usefully theorised in ways recognised by feminist researchers (Montell, 1999) and conceptualised in studies about group dynamics which have to date, only commonly been researched in the workplace (Rafaeli & Sutton, 1989). This is in contrast to most discussions of resilience or recovery, which are often psychological and individualistic in their constructions (Orth et al., 2008) and therefore unhelpful in social model terms in explaining the power imbalances, structures, processes and reactions being analysed. Collective interventions may also be indicated as acts of resistance, from which Survivors can resist the feeling of powerlessness which can occur after violent crime (Peterson and Seligman, 1983), in a space where they can journey freely from blaming, to victim, activist and Survivors. This feminist, disabled women's space for agency can open up options for resistance (Weedon, 1987) to tackle barriers in society (Gill, 1995) and also in resisting victim-blaming and pity. This study is in a unique position given the literature discussed in this chapter, to draw grounded theory about how and why collective spaces in which disabled women take their agency after disabled hate rape. The study therefore explores a unique intersectional space between feminism, hate studies and disability advocacy in chapter four onwards, which provides original contributions to the violence against women, hate crime and disability studies literatures.

In a criminology context, the value of this work was acknowledged by Iganski (2010, p362), who noted a significant gap in the literature around supporting victims of hate crime. The timeliness of this study was also pointed out at the highest level in the disability movement in England and Wales. In our last conversation about disabled hate crime before she died in December 2010, Rowan Jade, chair of Equality 2025 said to me about disabled hate crime “I don’t care what you call it – we need to know what to do about it.” This project sets out to contribute to that pressing agenda, on the path of feminist work famously considering ‘What is to be done?’ about rape (Walklate, 2008).

In conclusion, the various literatures converge at a point where there is a strong need indicated for a study at the intersection of disability, gender and hate crime involving rape. This is the first time these constructions have been academically explored from a social justice, rather than psycho-pathology field, with disabled women who have been raped in attacks that they consider to be disabled hate crimes. This study will seek to include disabled and Deaf women raped in institutions, those attacked by people providing personal assistance or services, women who have been raped by their partners or family members, as well as disabled women who have been raped by strangers in public spaces. The very writing in of social justice into the method assisted the study to explore and resist unequal categorical treatments at the hands of differently codified laws and services in health, social care and criminal justice settings. Having established some gaps where original contributions can be made to the literature, the thesis now turns to

outline how the fieldwork was conducted and epistemologically underpinned with feminist values.

3. Conducting Research in Disablist Hate Rape

This chapter outlines the relevant methodology and methods chosen for this study with disabled and Deaf women after disablist hate rape. The first section of the chapter briefly explores the epistemology invoked in this study. It then demonstrates how the standpoint feminist epistemology underpins the chosen methodology. The study developed epistemologically and ontologically at the intersection between the two related research fields and social movements which are most relevant to the study; both feminisms and disability studies have importantly critiqued and developed social science research epistemology and methodology in the late 20th Century. The methodology employed in this study is therefore derived from standpoint feminisms (Harding, 1991, O'Shaughnessy & Krogman, 2012) and emancipatory disability research principles (Oliver, 1992, Barnes & Mercer, 1997, Stevenson, 2014), seeking in these traditions to disrupt and unsettle the edges of mainstream research ideology. It outlines the central research questions and sub-questions explored in the study and demonstrates how these are operationalized with coherent and practical funding for resources, sampling and focus group methods. This study sought in its research design to resist the notion of segregating or gazing at passive subjects, instead being informed from a social model and pan-impairment perspective. Some participants identified as disabled or Deaf women, but most were ascribed with various diagnostic labels or had been described as, 'vulnerable' or, 'unmanageable in other services'. As the review of the literature in chapter two showed, disabled and Deaf women with the label of learning difficulty, mental health service use or who are segregated in institutions were

particularly excluded from or invisible in most UK studies into disabled women after violence. Farquhar & Das might have recognized these women as their 'Sensitive subjects' (1999, p47) who are, as the review of the literature in chapter two has shown, harmed by use of disabled hate rape designed to continue their oppression. It therefore employed a range of access measures and culturally competent strategies to ensure diverse disabled women could participate in and shape the research in very active ways. The chapter explores how the resultant data from the focus groups were analysed systematically and how the findings from fieldwork were disseminated. It illuminates how this research was conducted using ethics from Survivor research (Faulkner, 2004) in transparent and safe ways throughout the study, not simply limited to initial approval from the Ethics Committee at the University which allowed the study to commence. It also reflects on thorny problems encountered on the journey to explore interventions after hate crime (Perry, 2008a) and rape (Campbell et al., 2010) with disabled and Deaf women. Finally, learning from the conduct of this research, the thesis offers an original contribution to methodological literature in recommendations for future research in sensitive subjects with disabled and Deaf women after violence, who other researchers may have found, 'hard to reach.'

3.1 Feminisms and the Social Model: Resisting Power and Control in Research

Critics from both feminisms and disability rights movements in the last thirty-five years have found the methods and claims of, 'unbiased' positivist research to be

problematic, building on Hegel and Lukacs' work about master and slave relationships (Harding, 2005). Reinhartz (1983) was an early builder on Keller's work who explicitly problematizes the differential power relations and positioning of the (male) researcher, with (women) subjects exploited in sociological research; feminists have also exposed the claims of "Malestream" (Mies, 1983) research practice, which concentrated on process rather than outcome (Harding, 1991) and did not reflect men and women's experience as being different but equal (Graham, 1983). Rather than simply critiquing problems with existing scientific method, feminists also turned to curate their own epistemological base (Stanley & Wise, 1993), thus opening academic space for legitimate claim-making of knowledge, with women conducting their own research from an articulated and situated position.

This feminist epistemology was constructed as a:

"Framework or theory for specifying the constitution and generation of knowledge about the social world; that is, it concerns how to understand the nature of reality" (Stanley and Wise, 1993, p188).

It is this epistemological frame which was adopted to underpin the exploration of collective interventions with disabled women after hate crime involving rape, not least because the knowledge of the researcher is developed from the standpoint of being a disabled woman with experiences of violence, from the North of England where the study is located. This path has helped women become researchers and partners in control of the research design, delivery and dissemination, rather than being simply subjects of research, or invisible entirely in androcentric research.

Harding developed Hartsock's concept of the need for this materialist, feminist standpoint in research in contrast to the fractional vision from the dominant scientific patriarchy of the time (1983). She compellingly argued that the patriarchal trend wrote out gendered elements and women's voices (1991), resulting in objectivist conclusions which dominant groups claimed to be truth and fact (1993). Lorde is oft characterised but little fully quoted. This research therefore makes no apology in being informed centrally and epistemologically by her defining speech:

"Those of us who stand outside the circle of this society's definition of acceptable women; those of us who have been forged in the crucibles of difference - those of us who are poor, who are lesbians, who are Black, who are older - know that survival is not an academic skill. It is learning how to take our differences and make them strengths. For the master's tools will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change. And this fact is only threatening to those women who still define the master's house as their only source of support.. "(1984, pp110-111).

Today, invoking Lorde's principles does not still mean that all empirical work is positivist, nor that empirical work should be abandoned completely by feminists. Indeed, some feminists have used rigorous empirical research to great strategic effect (cf. the Radical Statistics Group) and have unearthed the hidden extent and costs of problems such as harassment and domestic violence (Reinharz, 1992, Walby, 2005). Feminist researchers after Lorde invoke collaborative arguments and postulate that research should not be done insensitively, particularly given the need

to influence the dominant gendering of research, for example in criminological contexts (Gelsthorpe, 1990). For example, Herek's (1999) important work on the individualized effects after homophobic hate crime also uses a quantitative frame from which to analyse survey data, but it is arguably still built on the pathologising gaze in psychology, however unintentional that may be. Some feminists have tackled this problem by shaping feminist empiricism in useful methods to make points that will be accepted by malestream science, arguing that scientific methods can be utilised more effectively when influenced by feminism. However, this differs from a standpoint approach, which is utilised in this project to explore from a situated position why patterns occur, rather than simply reporting that they do (especially given the invisibility of disabled women in existing statistics and policy discussions). For in the last quarter of a century in feminist research it has been important to unpack which questions are asked, by whom, for what end and who has power and control over the analysis (Stevenson, 2014) and dissemination, which for researchers in feminisms are key to equalising the process and outcomes of research. As Kelly et al. (1992, p150), insisted:

"What makes feminist research feminist is less the method used, and more how it is used and what it is used for".

Given the focus of this study on collective interventions after disablist hate rape, it was particularly important that the project built on the path of feminist research into violence against women, where women are engaged in "A collective project of critique and transformation"(Devault, 1996, p30). As Devault herself recognised, there is not one agreed and homogenised feminist method, so discussions in this

thesis refer to feminisms. This term better reflects the contribution of diverse positions, as well as the three main waves of thought and experience which are prominent within the broader feminist movement; namely the contributions of the first wave (civil rights for women, including suffrage and access to education), second wave (materialist reconceptions of work, family and research from European and North American perspectives) and third wave (the work on intersectionality and deconstruction by African American, Black British-Caribbean, anti-colonial and Global south feminists, including queer feminists). These waves of feminisms have shifted research epistemology significantly in the social sciences and established the ongoing need for feminist perspectives to be foregrounded in fields such as criminology, which feminists found to be unreflective and lacking in analysis of its own masculine and ideological worldview (Stanko, 1994, Naffine, 1997).

This parallels the simultaneous struggle for control of research resources and conclusions in disability studies. Centrally, Hunt (1981), Oliver (1992), Stone & Priestley (1996) described how positivist research located impairment, not social barriers and attitudes as the problem. They noted that resources and what was produced as 'truth' in the disability field were usually controlled by non-disabled psychologists, medical experts or charities which ran segregated institutions, rather than by service users themselves. Initially, Hunt (1981) importantly critiqued non-disabled researchers Miller & Gwynn, who he termed, 'Parasites' for failing to value and address the concerns of disabled people living in a Cheshire Home where Hunt lived and was a subject of research, paid for by the owners of the home. By 1996,

disabled people were still seen as 'Pawns' in research, with Stone and Priestley calling for the research process to treat disabled people as partners instead.

In Ireland, Survivors of child sexual abuse perpetrated and obscured from justice by priests in the Catholic Church had coined a phrase in the 1970s which succinctly communicated their call for a voice in studies about their cases and policy changes. It was later adopted by the British Council of Disabled People policy statement on disability research, in the form of 'Nothing about us, without us' (Campbell & Oliver, 1996, p89). But even taking a feminist perspective towards exploring violence against disabled women can be problematic; Morris summed up this problem from a feminist and social model viewpoint, when she said that she does not want attention to the difficulties disabled women face to "Undermine our wish to assert our self-worth" (1996, p2). This view, which problematizes the realist focus on psycho-emotional ableism, is commensurate with Finkelstein's (1980) founding critique of the uselessness to the project of examining internalised impairment effects as gazing upon "Abstract experiences" (1996, p34). Finkelstein may have been inferring that these research activities were less than useful to the political struggle for emancipation of disabled people and this debate continues about the uses of psychological research with disabled people in so-called critical disability studies (cf. Forshaw's critique of Goodley & Lawthom, 2007). These debates inform this study by firmly concentrating the focus onto barriers experienced by Survivors and the emancipatory struggles for recognition and rights to safety and justice by disabled women, rather than focusing on the psycho-emotional, individual harm of the experiences.

In more recent years, diverse scholars in the academy have allied to tackle oppressions (Truman et al., 2000, Zanoni et al., 2010) and inequalities of various minority identity groups; hate crime research is a particularly important contributor to these emancipatory projects (Chakraborti, 2011). But there is still an intersection at which the dearth of disabled and Deaf women working as feminist researchers and the invisibility of disabled women after violence in disability studies is exposed. This study begins to address this gap in the hate crime and disability studies fields, by writing into the literature the personal voices of disabled women (a priority identified by Perry, 2008b) and making spaces in which Survivors can speak after rape, as Walklate (2014) recommended. Therefore, qualitative methods working with disabled and Deaf women rather than about them, were importantly indicated for this study.

One of the ways this could be best achieved was with face-to-face dialogue with and between participants, in which the researcher was already privileged from work in the field. The significant breakthrough allowing this work to occur came as a result of action by one of the most important disabled feminists of all time. Fifteen years ago, Carol Thomas (1999) published letters from disabled women in which they intimately discussed their fear of rape and treatment at the hands of medical professionals after the attack. This study builds on that work, by another woman with MS at Lancaster, but today, disabled feminists can talk back (Rousso, 2013).

By the time Carol Thomas was unearthing the problem of rape of disabled women, it had already been noted that practitioner-led narrative interview approaches can re-

traumatize individuals who have experienced violence (Rioux et al., 1997), if they are not in the control of the service user. It is then perhaps a missed opportunity that Hague et al., 2008, employed academics conducting standard interviews with disabled women after domestic violence, without critiquing their own methods in any reflexive, feminist way. As already demonstrated in this thesis, this may be a particular risk in relation to violence; questioning disabled women about the effects of rape in hate crime can result in re-traumatising the victim whilst simultaneously engendering unhelpful pity from non-disabled people. If this project was to follow Harding (1991) and Oliver (1992) in terms of values, it needed to explore collectively how agency was taken inspite of the barriers experienced in mainstream interventions. In considering identity, the study invoked Bourdieu's habitus (Callaghan, 2005) or, more accurately for this study, the hexis (Wacquant, 2005) of structural barriers and agency in overcoming the barriers. This model ensured that this project does not deny the private experiences of disabled women, as Thomas (1999, p74) accused Oliver's purely political stance of doing. As well as considering barriers from a social model perspective, the feminist influence in this project made space for the discussion of identity; it simultaneously maintained the epistemological position that the research should be employable in promoting social justice. Whilst the work of Thomas, Hague et al., and Sherry was important to raise awareness of the issues, developments show us that reciprocity with participants and reflexivity are now indicated to democratise the process of inquiry characterized by negotiation; what Lather (1986) termed research as praxis. This is still a grounded project (Charmaz, 2009) and therefore quite different to versions of feminisms which deconstruct inequalities completely. For example, Haraway (1988) holds that all

knowledge is situated so neither men nor women have total knowledge, while Butler almost completely ignores the physical reality of rape in her work. Despite claiming to be part of the emancipatory project (Mouffe & Lacan, 1985), these post-structural discourses seem to ignore experiences of violence grounded in materialist poverty and have been criticized for being of little use to the political project of social justice, given their roles in atomizing society (Rodgers, 2011). The post-structural musings of Butler (2004) and Haraway (1988) are ungrounded and largely ignore the experiences of violence; this is at odds with the grounded collective approach needed in feminist disability studies to work with disabled and Deaf women after violence. Thus post-modernism renders itself fairly unsuitable for theory building work with disabled women at the intersection of violence, gender and barriers; as Eagleton explains, the political, economic and cultural relations exist within given historical contexts and cannot be ignored as:

"They are in no sense relations which subsist independently of our discourse"(2007, p204).

Indeed, few studies about disabled women and violence have been conducted within the disability rights social movement, or by disabled people who openly situate themselves in relation to the study, which perpetuates criticisms that disabled people are further oppressed as research subjects (Dyson, 1998). To attempt to combat this, Hague et al. (2008) involved a disabled activist, Ruth Bashall, to train non-disabled researchers in the team about disability theory and the social model. However, there is regrettably little evidence that the study into disabled women's experience of domestic violence levelled resource inequalities between the academy

and the community of research; pervasive inequalities as to how resources were controlled or how spaces were created where participants could take their own agency, remained in the work. Whilst the researchers apologetically claimed some of these oversights were due to a lack of resources, or were because they were part of a larger study, it was a missed methodological opportunity, in such an important contemporary work. In addition, both the Equality and Human Rights Commission Statutory Inquiry into disability harassment (2011) and the Hague et al. (2008) project, excluded significant groups of disabled women and neither showed how they signposted or supported women after they had been involved in the projects, as recommended by McCarry (2005). The EHRC Inquiry (2011) excluded women in institutional or residential care homes (as does the British Crime Survey) and the Hague et al. (2008) research excludes women with the label of mental health problems or learning disabilities. Both projects blame outside funding and resource factors for these omissions. Whilst no study can cover all groups, the ontological underpinning of this study discussed in this thesis was from a social model perspective, so women were not excluded or denied a voice in the research because of their impairment label or the type of accommodation in which they live. By involving disabled people in designing the focus for this research project, by using focus groups and reciprocal approaches, this research was careful to not violate participants, exclude them or further oppress them in how they were portrayed. In this context, the provenance and sites of research, voices of the women themselves and control of resources remained important in ensuring equalised power and control with participants.

Similarly risky and problematic practice can occur in gendered research not conducted from a standpoint epistemological base, too, once rape is added into the mix, with the implementation of restorative justice after rape (McGlynn, 2011) despite the problems this causes for the victim. McGlynn's work did not show that it had considered the distressing effects of the restorative justice conference on the victim, despite reporting that "The conference itself left her 'drained' and it 'dangerously unhinged me at the time because it was like re-living it'" (2011, p3). This was apparently resolved later for the victim, in what may be seen as a learned narrative or desire to please the researchers by supporting their required outcome, given the difference in vocabulary shown between the quotation above and the following line in the report, "However, 'in retrospect', she said, 'it was more important to have my say and have him listen than for him to go to prison'" (2011, p3). This looks positive on the surface and there is no doubt that the researchers involved have a substantial history of feminist research between them. However, in terms of working with violence, it may be problematic ethically, in failing to unpick whether the distress to the participant in the conference was necessary or harmful, as the British Society of Criminology (2006) ethical guidelines discuss. McGlynn's research did not follow-up the offender's progress; being returned to a position of power over their original victim and being able to escape custodial sentencing, could be seen as leaving future victims open to attack by this perpetrator. The passive / aggressive control of partners in ongoing abuse, may also be easily seen to mirror the ease with which they may be able to seem apologetic in a conference. In addition, the trivialising of the offence of rape as being suitable to be dealt with by a meeting,

rather than a trial and custody, has been critiqued by aboriginal feminists (Cayley, 1998). Cayley's view explains usefully that whilst some forms of work may share the aims of rights movements, they can still "Differ fundamentally in [its] view of justice" (1998, p218). This example illustrates the ethical intersectional problems which occur in research into violence and disability which is not controlled by disabled people, or in research into gendered violence, which may be broadly feminist at the outset, but which does not hold epistemologically with a feminist standpoint. Given the risks and challenges in the field, this study sought to minimise the harm from the position of power and resources of the researcher and to equalise, as far as possible, the benefits brought from the research in influencing social justice with the participants.

3.2 The struggle for more equal research?

The path of equalizing the space between the position of researcher and researched is less well travelled by disabled feminists to date (with the notable exceptions of work from Morris, 1992 and Thomas, 1999) and this project follows humbly in the space created by second and third wave feminists. There has also begun a rich tradition, of feminist criminologists who have been "Immersed in efforts to change policy" (Chaucer & McLaughlin, 2007, p159) from Carlen (1983) to Chesney-Lind (2006) & Walklate (2014); women academics who have combined social movement activism with criminological research endeavour in raising consciousness, often about racist and sexist policing. In hate crime, this tradition is added to by Perry (2008b) who worked with indigenous victims of hate crime to outline the harms of

colonial systems in creating injustice and failing to respond to victims. In addressing the structural and personal relations within which knowledge is produced, this thesis aims to be consistent with an important tenet of feminist standpoint research (Hartsock, 1983, Naffine, 1997). Heidensohn explained that "Women face distinctly different opportunity situations with agencies of control" (1985, p198) and that a gendered analysis of the opportunity situations surrounding crime is therefore necessary. Even though Perry may not identify her research explicitly as being conducted using a reflexive standpoint, she still effectively employs a gendered analysis in exploring research questions (Kirby, Grieves & Reid, 2006) and uses her work to promote social justice. This approach is invoked in this project, given that violence against women is increasingly recognised by hate crime scholars as a gendered phenomenon, who show that it can be used to intimidate and control women as a class of people (not only the direct victims), imposing and reinforcing "Hegemonic masculinity" (Perry, 2003a, p173). This project sought to counter this risk by grounded theory production from the direct experiences of women themselves (Charmaz, 2009). It also tried to neatly bridge the separation still unresolved in disability studies between structural conditions and individual agency, going beyond class inequalities uncovered by Marxist analysis (Harding, 1991) to consider gendered and disabled patterns acting with participant experiences, to expose an intersectional analysis at the nexus of gender, violence and disability.

Both schools of standpoint and empirical feminism, as well as disability studies, require that research is useful in the anti-oppressive project of emancipation for

their minority groups. It is the broad path of this turn in research that this study seeks to follow. We have been famously advised that:

"Disability research should not be seen as a set of technical objective procedures carried out by experts, but part of the struggle by disabled people to challenge the oppression they currently experience.. in their lives"(Oliver, 1992, p102).

This notion of struggle is an important one to which the thesis will return in the final chapter. However, although laudable, adopting emancipatory disability research as an epistemological position is fundamentally problematic (despite claims by non-disabled male researchers Priestley and Goodley that they have achieved it in the past), given that the researcher seeks to gain personal PhD recognition from the research; a benefit which, academic supervisors have rightly pointed out, the participants cannot share. In reflecting on this, it also became apparent that although the design of the research sought to be collective and participatory, the nature of analysis and theory-building from the data could still be highly individualised. Gorelick points out that this benefit gained by the researcher through studying people is exploitative, in terms of career and reflects that the entire structure of the conduct of academic research is unequal and hierarchical (1991) and therefore concluded incompatible fundamentally with PhD study. Whilst the nature of individual PhD study sets some restrictions on the co-construction of meaning in the group, feminist frames were still employed. The reciprocity of skills and resources, a gendered analysis, the collective identification of policy recommendations from the data and social justice aims to improve victim services

from the work, still allowed for feminist action. Reflexivity is supported by outlining one's own ontological view, which must be done transparently (Mason, 1996). This helps equalise the outcomes from the study, even if the PhD study cannot be truly collective and emancipatory in a way promoted by disability studies. Seymour & Garbutt (1998) also attempted linked emancipatory projects with disabled people for their PhDs, concluding that it was only possible to advance so far along the participatory continuum in individually assessed research. They also point out that:

"It must be remembered that in terms of power in the academy, a part-time, mature, female doctoral student occupies a lowly position and it has been necessary to ensure that carrying out the research in this way will not jeopardise the final award of a higher degree" (1998, p10).

This has similar implications for this project, too. Thus, they conclude that the issue for them is "What the researcher does with these skills after the Ph.D has been awarded and how far do you spread the 'reward'" (1998, p11). The disability studies literature offers little other material through which to reconcile this, which may explain why emancipatory and Survivor research have, largely been conducted outside the academy; but it does provide an opportunity to provide original methodological contributions to the literature from this study.

Goodley & Moore (2000) tried to bridge this gap between their research subjects with the label of learning difficulties in a theatre group and the academic need for accreditation, by disseminating their findings using cartoon pictures and excluding disabled people with other impairment labels, seemed to assuage the criticisms of neither group. They said that they did not want to waste their time as academics, or

waste disabled people's time in contributing to research, but concluded that the tension was obstructive and paralysed their praxis (2000, p872). Goodley & Moore also embedded the dichotomy they sought to unsettle, by assuming implicitly that their subjects did not have the intellectual capacity to understand their academic theorizing. Instead, the theatre group of people with the label of learning difficulty, simply had not been given access to the vocabulary and time to develop their own representations and theoretical constructions, in performance. The subjects of the research may have preferred this more culturally competent approach, that did not deny their literacy, rather than the cartoons, which were chosen by Goodley & Moore. Newer work reflects that there should be a "Shared political grace" (Darder & Yiamouyiannis, 2010, p17) between academics and disabled people, with academics using their work for political transformation. But this still neglects the admission of disabled people ourselves to the academy, to speak for ourselves and curate our own work, in the way feminist standpoint research has shown women can know. Feminist intersectional work shows how conceptualisation and analytical distance in relation to identity can be analysed to great effect by the researcher (Fortier, 2000).

Consequently, this project design tried to navigate a path between the purely structural research ontology of disability studies or post-structural models in critical disability studies. Crucially, the research design needed to avoid harm to the participants by considering the psychological harm on disabled women after hate crime involving sexual violence and also needed to protect the social justice aims of the disability movement, by not inadvertently adding to the stereotypes of disabled

women as pitiable or vulnerable. Thus, it was viable to employ an epistemological feminist standpoint for this work, informed with the social model of disability as the “Ontological basis for research production”(Priestley, 1997, p91). The ‘writing-in’ of the reflexive voice of the researcher into the study (Skeggs, 1995, Vernon, 1997), makes explicit the standpoint from where the social environment was seen (Stanley & Wise, 1993); the chapter will now turn to consider this reflexivity.

3.3 Reflexivity in the research process

The problem of individual academic claim in participatory projects was discussed by Perry & Zuber-Skerritt (1992) in relation to action-learning research in organisations. They proceeded further than Seymour & Garbutt, in clarifying a model which makes distinct the elements of group research and individual thesis writing. However, they showed how a cyclical relationship developed, with the thesis analysing the process and themes of participative research. It also individually demonstrated the reflection, knowledge claims and recommendations for further research by the candidate, being a necessarily important part of the individual thesis (1992, p203). They noted that conflict between the emancipatory goals of a participative project, the professional goals of the academy and the political goals of the organisation involved in the study may be difficult to negotiate, but that the reflexive researcher could legitimately use this site, to fuel discussion and observation for the thesis. Stacey (1997) also promoted writing reflexive autobiographical emotion into academic work. In doing so, feminists can unsettle the masculine domain of theory, objectivity and truth claims. In this study explicit reflexivity throughout the process,

both individual and dialogic or communicative after Archer (2010), aided the successful completion of the thesis, without unethically wielding too much intellectual authority and epistemic privilege over the participants (Bat Ami Bar-On, 1993). In addition, comfort was taken from Romm's recommendation that in using reflexive methods:

"Researchers can legitimately confront and challenge what they take to be oppressive meanings (and practices) as part of their own political practice," (2001, p228).

It could be argued that praxis developed from reflexivity in research allows us to situate the elements of women's identity and agency in the study, firmly in the context of social, economic and cultural settings which are so important in disabled (Roulstone et al., 2011) and other forms of hate crime (Perry, 2003a). Assessing the researcher's own political and social location at different points throughout the project was important to explicitly outline at the outset. These locations affect what and how the researcher knows and wishes to know, in relation to the subject and material being reviewed (Benhabib, 1992); this work is contingent with the feminist standpoint epistemological framework (Stanley & Wise, 1993) adopted for this project. This may assist in some ways to protect against any implicit fallacy of the work being presented as value-free (Archer, 1995) and allow the writing-in of the researcher into the process because, as Hammersley & Atkinson discussed: "We are part of the social world we study"(1983, p14).

So, in writing the researcher into the study, it is important for participants, supervisors and examiners to know how I know what I know about the subject. I

identify as a disabled woman, with several long-term impairments and experiencing severe physical violence (that resulted in one impairment) and domestic abuse, as well as using and working in women's crisis services. I have also experienced being a research subject in medical settings in the past, which may assist in my keenness to not wield power too much over the participants for this study and to guard against harm in the research (Hollway & Jefferson, 2000). In addition, my Irish ethnicity and Geordie upbringing, mean that I am constantly tussling with, 'Insider/Outsider' positionality. I grew up with free school meals, living variously with socialist grandparents and parents in a Council house, with my father on strike for 16 months during the Miner's Strike in 1984. This social background gave me a formative experience of relative poverty, union activity and violence that has proved important. I am now quite removed from that background, living in a suburban Lancashire position of privilege, having been accepted to study in the academy and working in positions as a Director and Trustee in organisations of disabled people in the North of England. This ontological tension is an important site for reflexive work through the project. There are areas of privilege and resource in my life not shared by participants in the research (such as access to the academy, sessional income and settled accommodation). As Reynolds (2002) noted, there were still power relationships between her as a Black female researcher and the Black women interviewed, who were affected by social class and age difference; thus explaining that: "Power in social research is not a fixed and unitary construct, [but is] exercised by the researcher over the researched participant" (Reynolds, 2002, p308).

However, it is still important to note that the position I inhabit may be less likely to subject the participants in the study to the traditional, masculine, non-disabled researcher “Gaze”(Skeggs, 1994, p81). At least, my own experience of having and meeting access requirements means that the research process was more likely to meet the needs of participants than other researchers may deliver in an easy and dignified way. However, the reflexive position means that these skills could not be taken for granted and discussing the method and process of research explicitly with the participants helped locate me as a “Fallible, subjective researcher”(Holland & Ramazanoglu, 1994, p126).

Whilst my identity and experiences may help to locate my knowledge epistemologically and provide me with a unique opportunity for undertaking the research (Harding, 1987), becoming trusted as an insider researcher with some disabled women, was more difficult with Bangladeshi, Black British women and Deaf women, as well as women living in segregated institutions and women of faith in the project. This dichotomy between the self (researcher) and other (subject) is collapsed in third wave, anti-colonial feminism which railed against objectifying Black women and established that we “Occupy multiple and fluid locations”(Lal, 1996, p186). Thus, working through and beyond the ‘outsider / insider’ binary positionality, through reflexivity, was important in the study. This positionality was helpfully revisited by Collins (2004, p104) in exploring research by Black, third wave feminist scholars with groups of Black women. Her work has informed the negotiating of roles and responsibilities of the researcher in this study and writing up, with material drawn from coded data and research journals from the study.

Davis recognises this as a legitimising form of cultural exchange in ethnography, supporting emancipatory research with the researcher "As reflexive participant"(2000, p192), which Langan & Morton explain (2009, p167) can be used to analyse the process of 'doing' research. So, there was more emotional and methodological work to be done than was gifted from being a disabled woman after violence. The research design and conduct needed to be levelled as far as possible between the researcher position and the participants.

Practicing reflexivity, through the use of my research journals was valuable in unpacking the intersectionalities of disability, class, gender, ethnicity and violence in the work (cf. Crenshaw 1991) and the role of resistance and identities in the self-definition as victim and Survivor after hate crime involving rape. Whilst not all of the materials from the research journals are included in this final thesis, their use served as a safer way of, as Bolton (2008, p107) interpreted from Frank (2004) "Working with stories, rather than about them." This, as one reflexive researcher, Joolz McLay, describes to Bolton, helps to "Untangle the professional from the personal and private self"(2008, p100). But, as Finlay (2002) argues, 'reflection' (of the individual type through the journal) is at one end of a continuum, with active, 'reflexivity' at the other. This reflexivity will also assist in demonstrating how the data are co-produced between the researcher and participants (Hollway & Jefferson, 2000) especially where the dynamic is subtle or difficult. It was also helpful, along with discussion in supervision, in unpacking triggers from the focus group discussions which have an impact on the feelings and interpretation of the researcher. Dialogic reflexivity helped show explicitly how the researcher has chosen what to include and what to

exclude in the analysis of material and the thesis, avoiding Smart's (2009) criticism that reflexivity can be tokenistic. Chapter seven of the thesis demonstrates how the experiences of the participants were engaged with reflexively in the analysis (Goltz, 2011).

Thus far, the chapter has situated the epistemological basis for the study in standpoint feminisms, outlined the ontological position informed from the social model of disability and argued that using reflexivity and praxis are important methodological tools with which to differentiate between the participative and theory-building, individual elements of the thesis. From this point, it is timely to outline the suitable methodology chosen, from which to answer the central research questions in the study.

3.4 Research Methodology

This section will illuminate how the chosen research methodology is consistent with the adopted epistemology of standpoint feminist research in this project. It sets out how the design and strategy for the research has been chosen; the selected methodology must be appropriate in discussing collective interventions with disabled women after disablist hate rape and this section shows how the methodology is consistent with epistemology in the practical research method (Crotty, 1998).

Whilst some interviews have been conducted with victims (Perry, 2008, Quarmby, 2011), most studies that seek to curate solutions have been conducted within the

criminal justice system (Nolan & Akiyama, 1999, Chakraborti & Zempi, 2012, Gill & Mason-Bish, 2013) or through analysis of media reports (Sherry, 2010). Case study research may be problematic in this area, given the ability for a woman to be identified by friends, professionals, family members or perpetrators, which can increase the risk of escalating violence. In addition, a case study would, like data analysis (given the scant nature of information available), be more likely to concern itself with a snapshot of figures at one point (Somekh & Lewin, 2007); conversely, the project at hand sought to unpack a continuum of life after disablist hate rape, which existed for participants, as a process (perhaps still incomplete) from a year to decades after the incident. A more fruitful gap in research therefore existed for high quality, qualitative face-to-face work with disabled victims and Survivors.

Consistent with the ontological commitment to the social model of disability, the pilot projects had concentrated on barriers to safety and support experienced by disabled people trying to access mainstream services after hate crime (Balderston & Roebuck, 2010, Roulstone, Thomas & Balderston, 2011). During these pilot studies prior to this project, the priority to explore the particular needs of women after hate crime which involved rape emerged. This was important given the gendered element of disablist hate crime emerging from the pilot studies and the need to include disabled women intersectionally in feminist work about rape.

Much valuable work in hate crime studies already revolves around stories or data from professionals and workers (Manthorpe & Samsi, 2012, Mason-Bish & Gill, 2013), the law (Philips & Grattet, 2000, Jacobs & Potter, 1998, Hall, 2005), third party

reporting centres (Roulstone & Thomas, 2009), hospital doctors (Hutson et al., 1997) or perceptions of the general public (Craig & Waldo, 1996). However, the voice of victims in research is scant, with Perry perhaps being the most notable contributor in the area of hate crime to date. In addition, as Mason-Bish (2010) notes, *disablist hate crime is at the bottom of the hate crime pile receiving the least attention*, though whether she means from the criminal justice system, support services or research is not entirely clear. So, addressing this gap in research and choosing to work with disabled women themselves was important, particularly in relation to *disablist hate crime*. Disabled women who have experienced rape may already be isolated, lonely (Lonsdale, 1990) have few people in their lives who are not paid to be there, or who sympathise, rather than being in a normal friendship (Kent, 1987). This isolation may have contributed to their victimisation (Carr, 2000, Hollomotz, 2011). Thus, providing spaces in which collective identity (Holland et al., 2008) can be explored was indicated for this research.

Allowing women victims and Survivors access to a safe, collective space was also designed to help minimise the risk of perpetrator control influencing the responses. The research design had to provide privacy, confidentiality and participation by women in institutions or living with domestic violence. This is particularly crucial when a disabled woman relies on the perpetrator to open envelopes, set up a computer for her or read the contents of the survey. Whilst the Crime Survey for England and Wales tries to minimise this with self-completion modules, it still has not managed to include women in institutions. According to Anderson & Doherty, the survey or structured interview may also result in “Response restriction”(2008,

p60) and women who have been victimised may find one-to-one interviews intimidating or scary (Madriz, 2003), so a design methodology which involved groups was indicated as useful here. Research design involving groups then offers an opportunity to counter isolation, by bringing women together in a way that is consistent with the social justice aims of the research; Benmayor called the data from working with women together who come together to discuss common struggles in focus groups “Collective testimonies..”(1991, p159). The possibility of group interviews was explored as it had advantages in quickly gathering data from several participants at once (Kitzinger, 1995). However, it does not go far enough in answering the concerns of feminist standpoint research, which demonstrated a need for a fundamental shift in power between the academic and the research subjects, as it is still structured interviewing led by the researcher.

Another challenge arose with criticism by some feminists about the inclusion of trans women in women-only spaces. This has been contested in the wider movement (as recently as RadFem 2012), but we found these sisters (and the disabled gay men who were part of the project) to be supportive allies. Working with trans women was indicated by other emerging literature in disablist hate crime, which found respondents who were targeted:

“Not just because of their mental health, but also for racist or homophobic abuse, or because they are trans gender,”(Mind, 2007, p7).

Pain (2000) also advocates working between diverse communities, to reduce barriers and promote good relations between groups. The trans women who supported our

work, empathized as they had experiences of being Survivors of the psychiatric system and of experiencing highly sexualised hate crime (Turner et al., 2009).

3.5 Focus group research

Thus, using focus groups with disabled or Deaf victims or Survivors of hate crime involving rape was settled upon in communicative reflexivity after Archer (2010), with supervisors and pilot study participants.

Some benefits of this method for this research were that it utilised interaction between group participants thus demoting the researcher from interviewer to facilitator; this tackled to some extent the power imbalance potential in the data-gathering process (Kitzinger, 1994). The focus group method was consistent with the feminist standpoint research epistemology in the project, as Wilkinson explained that focus groups:

“Offer social contexts for meaning-making and so avoid the charge of decontextualization; and they shift the balance of power away from the researcher toward the research participants and so avoid the charge of exploitation”(1999, p221).

She also explained that this can avoid decontextualisation, by providing the space for participants to make meaning in a group. Whilst this may be challenged as naïve, feminist use of focus groups are useful in that they allow access to the interaction amongst women and use conversation between women being used to generate concepts in the field, rather than testing pre-designed concepts (Reinharz, 1983).

This is particularly useful in considering the processes by which collective peer groups operate, in relation to disabled violence. Myers (1998) however outlined a problem that in the discussion, disagreement between participants in focus groups is not always prefaced verbally. This criticism has informed how the data is gathered and transcribed and is particularly important in including the contributions of women without speech. However, the focus group method still offers advantages over the interview, in which the researcher can more easily direct questions and responses (Charmaz, 2009). Wilkinson explains that power and control is equalised as:

"Simply by virtue of the number of research participants simultaneously involved in the research interaction, the balance of power shifts away from the researcher" (Wilkinson, 1999, p230).

In this way, the focus group method has been utilised in relation to violence against women, as it:

"Allows participants to discuss issues in their own language to raise issues not anticipated by the researcher and to interact with each other spontaneously" (Anderson & Doherty, 2008, p61).

But, Borland et al. note that this is not a panacea, as "Peer influence can be increased" (2001, p33) where the researcher influence is diminished. In the first focus group conducted in this project, participants knew each other well and had been part of previous projects about hate crime together, or had used the same women's projects at various times. Whilst coding, I noticed that these focus groups had fewer voices in the central discussions, despite careful facilitation and prompting to include quieter members, some participants did dominate in the discussion. This

problem was minimized in later groups, by having smaller numbers of women in each group and giving longer to allow more discussion between all the participants. Barbour takes an optimistic view of this problem, saying:

“This is good news for the researcher with a particular interest in studying the influence of peer groups in attitude formation”(2007, p34).

The role of focus groups with regard to humour in relation to Survivor talk will be discussed again in chapter seven of the thesis.

In line with the disability studies social model approach, the focus groups in this study also concentrated on structural inequalities, barriers and women’s agency after hate crime involving rape, rather than probing discussions about the events, to prevent re-traumatising victims (Rioux et al., 1997, Widom & Czaja, 2005). In contrast to work with victims which still focuses on individualised models, such as one-to-one counselling by volunteers in Victim Support services, the focus groups sought to build on collective, self-help alternatives to traditional medical or mental health counselling, or consumerist models of recovery. This approach was informed by learning from service user and Survivor research ethics (Lindow, 1996, Faulkner, 2004, Boxall & Ralph, 2011) which may have more in common with feminist methods than disability studies(Balderston et al., 2014), as discussed later in chapter six. Additional and unexpected benefits from the focus groups were that the method allowed the foregrounding of both learning about cultural values (Kitzinger, 1994) and humour (Wilkinson et al., 2007) from analysis of the women’s talk; findings in these respects are discussed further in chapters six and seven respectively.

3.6 Mobilising the research methods

Having established that the data gathering design has settled on constructing research from a feminist standpoint, using focus groups, it is logical to now turn to how this research will be enacted through suitable methods. This section evaluates the practical methods employed for funding, sampling, data collection, transcription, coding, analysis and dissemination of findings after the fieldwork and discusses thorny problems encountered on the journey. It sums up the arrangements and dilemmas experienced in ensuring fieldwork was conducted as ethically and transparently as possible, not limited to initial approval from the Ethics Committee at the University which allowed the study.

In order to deliver effective research with disabled people, it was necessary to take full account of the access, dignity and first language requirements of the participants. Whilst the legal frame for service provision considers what is reasonable, it must be part of a feminist standpoint project to ensure a higher level of access and dignity to participation in this research. This is especially the case in countering the substantial barriers to accessing justice, safety and control over research in the lives of disabled and Deaf women. Barriers were often present for the participants and historically important to the wider community of disabled women, victims and Survivors.

Two separate attempts to gain ESRC funding, for the researcher to leave work to conduct the study full-time were unsuccessful. This had been a potentially important route to release resources from the researcher's employer (who would not have had

to generate salary for her time in research if funding was gained), which could have then been deployed in delivering accessible research. Disheartened by this rejection, I turned back to the literature, hoping to find cheaper methods to overcome the problems. However, in feminisms, mine turned out to be a timely concern, recently unpacked by feminist researchers in academic communities. Ramazanoğlu & Holland (2009) and Langan & Morton (2009) all warned of some of the barriers to conducting feminist research within academic and funding institutional constraints, but recommended that with ingenuity, these can be worked around, with the researcher explicitly situating herself in relation to the study and working reflexively throughout data collection, analysis and thesis writing phases. Boser (2006, p11) had earlier asserted that participating in constructing knowledge about one's own context has the potential to redress power imbalance and is therefore useful in the feminist project. So, reheartened by these accounts, I set out to pursue the example set by Sue Lees (2002), in seeking funding not from Government departments, which would hopefully allow participants a little more space to report and disseminate the research findings in the ways they see fit. Therefore, approaches were made to voluntary sector funders to support the work. Particular monies were required to hire safe space accessible venues, provide accessible transport and independent personal assistance so that perpetrators were not involved in gatekeeping against attendance or coming along themselves to accompany the participant. In addition, a range of formats including Easy Words and Pictures, Braille and audio had to be generated to make the consent forms accessible. The Northern Rock Foundation (Safety and Justice Programme) was approached with an application at the end of 2010, for an ambitious research study over four years. The Trustees granted money

for the first year of the study £19,571 for focus group research, dissemination of results and reciprocal training with disabled women after hate crime involving rape, in the North East of England and Cumbria. The project delivered an accredited qualification in disablist hate crime and allowed participants the opportunity to gain recognised certificates in training and tackling violence from the Open College Network. Since then, the Foundation has been incredibly supportive, making links with CAADA for the module developed with the women to be rolled out nationally on the IDVA course and funding three more training sessions for voluntary sector workers in violence to explore disablist hate crime and sexual violence involving disabled women, which were delivered with recommendations and participants from the focus groups.

Seeking funding to deliver the work opened up this opportunity of resourcing reciprocal arrangements with the participants, in a way consistent with feminist research (Oakley, 1981) but which sustains longer-term, beyond giving cigarettes, bags of rice (Phipps, 2005), or pen portraits developed by the researcher given to the interviewee (Reeve, 2008). For Kirby, Greaves & Reid mechanisms for ensuring the ethical considerations of this:

"Can include payment for research participants... new opportunities, developing..skills, advocating for the community or enabling the research participants to access and use the findings in some tangible way"(2006, p57).

From a feminist standpoint also, this desire to provide reciprocal opportunities had to fundamentally be about opening opportunities, from my privileged position, for the participants to generate their own rewards and benefits from the research. This

works towards Millen's (1997) requirement for long term, structural change for participants, if work is to claim reciprocity. The Foundation agreed and provided subsequent funding which has allowed six Ambassadors, all disabled women from the project, to gain paid work with mainstream victim agencies to assist them to become more accessible and inclusive.

Ramcharan, Grant & Flynn (2008) also promote the view that accessible products of research which resist the colonization of subjects and are used to promote social change, can be emancipatory in outcome. To this end, participants in this study were given access to the use and translation of academic materials, resources and findings from the study to develop accredited training materials (to deliver to refuges and women's groups) alongside this project. In addition, digital resources for other disabled people's organisations delivering anti-hate crime training are made available in England and Wales. So, rather than 'researching' the stories or recovery patterns of victims and Survivors, a useful location for the student within the study became to "Synthesize experience of user involvement in policy and practice" (Beresford, 2005, p6). Given this framework, the study hopes its outcomes can, in some small way, assist the broader project of influencing improvements in provision for disabled women who have experienced hate crime and address some of the power imbalances of research into victims of violence in the past.

However, there are problems with ongoing research relationships with women, where friendship may develop (Wise, 1987), or where the end of the project terminates contact with someone perceived to be a "Kindred spirit" (Letherby, 2003,

p129). Stacey (1988) also worried that the researcher is freer to leave than the participants from a project or relationship. The women becoming Ambassadors will be working with mainstream organisations in a paid capacity, to promote access of disabled women to services. These include Women's Aid refuges, rape crisis and family centres, as well as criminal justice and social care services, in the North of England has enabled the continuation of the relationship.

3.7 Ethics

Ethical approval to undertake the study was granted by the Lancaster University Ethics Committee and ethical research is of the upmost importance to prevent harm and distress, particularly given the history of disabling research and the injustice experienced by victims.

However, at this point it is relevant to note that a modified two-stage consent form was used for this research (Arksey & Knight, 1999) to protect participants. The first part of the consent form has been signed before or at the start of the focus groups, to indicate consent to participate. The second part was signed by participants to indicate I could use the chosen quotations in future publications and presentations. In addition, four women were approached again for new consent as they had disclosed material before and after the focus group, or had been subject to statutory interventions since the focus groups (see chapter seven) which I wanted to mention in the thesis. One participant had disclosed additional information in email, one in a letter (see Appendix Four) and another in conversation; this was important to

include, given women's access requirements which could be met by including information recounted after or before the formal data gathering by recording.

Researcher safety in this study may have been at risk without a robust framework used in the study, given what Skinner, Hester & Malos describe as the "Hard emotional work"(2005, p17) of researching gender violence and the student's identity as a disabled woman, juggling insider and outsider roles in the research. In preserving safety, ground rules and a code of practice were drawn up in the pilot project. This was achieved working collaboratively with self-advocates who have the label of learning difficulty and who are experts in constructing safe spaces for speaking-up group discussions. This careful negotiation of power and control helped to address ethical issues in advance, as recommended by Somekh & Lewin (2007). In addition, the boundaries set were explicitly helpful in ensuring participant safety, by affording the participants shared signs for stopping the conversation, taking a break or contesting material.

3.8 Spatial frame

The focus groups in the study were conducted in the North of England, chosen as a convenience for ease of reach for the researcher and the geographical focus of one of the funders. Whilst a national study would have been preferable, this was a part-time, four year study and existing links with partner organisations and services enabled more effective recruitment to the study. The focus groups at first included women from Northumberland, Tyne and Wear, Durham, Teesside and Cumbria. However, during the research, interest was gathered through snowballing from

women who lived in institutions outside the strict funding boundaries of the North East and Cumbria. So, further funding was sought from the Annette Lawson Charitable Trust, which had happily announced a timely call for grant applications into gendered violence. £925 was granted by the Trust, enabling the inclusion of women from institutions outside the initial beneficiary area, for whom accessible transport and personal assistance support facilitated participation.

3.9 Participant sampling strategy

The study publicised the focus groups to disabled women who had experienced disablist hate crime and rape through snowballing with existing participants of advocacy groups which took part in the original pilot study and who gave consent to be contacted in the future. I was concerned about my positionality, having facilitated this group as part of my job and worked with some of its members for several years. So, for 18 months before the fieldwork started, I formally left the group as a facilitator and announced that I would return as a PhD student to collect data within two years. This helped to distance me from the day-to-day concerns and campaigning of the group. I also hope it assisted the group members who chose to participate in this project, in explaining their journey to me more clearly in the focus group, rather than assuming I had the knowledge from being with them on the journey.

In addition, publicity was disseminated through user-led organisations, advocacy and speaking up groups, Disability Partnership and Safeguarding Boards, institutional

settings and charities, third party reporting centres, LGB and T services, hospital SARCs, mental health service user groups, Victim Support services, Public Protection Units of the Police and STI clinics, HIV positive men's and women's groups, women's refuges, family centres and groups which work with Black women and women from minority ethnic communities and social care services (see appendix one). The original pilot study showed that only 17% of respondents with a long-term, substantial impairment that affected their day-to-day activities (the definition of disability used in the Equality Act) identified as disabled people. So this study welcomed participants with sensory impairments, Deaf women, mental health service users, disabled women, HIV positive women, learning disabled women and women with cancer or other long-term health conditions that affected their day to day lives. In addition, problems of casting people after crime as victims can also deliver gendered barriers for women who want to resist the label. This has been discussed for decades in the feminist literature (cf. Kelly, 1988); for disabled women who have been labeled by many services for much of their lives, this resistance to labels can be foregrounded. The wording of invitations to the focus groups was important to attract the most appropriate participants. Both Kelly et al. (1992) and Westmarland & Anderson (2001) have discussed how the wording of questions around rape, abuse, harassment and forced sex can be important in understanding women's experiences. They argue respectively that women who have experienced forced sex do not always locate it as rape and that patriarchal oppression locates abuse as being seen as descriptive of violence against children, rather than women or men at work, so feminist standpoint researchers must take account of the wording of their questions, which may be different to their political understanding of

the issue. So, this research call for participants included labels such as, 'Women who have experienced..' asking, 'Have you...' and included references to victims, Survivors, after sexual abuse, sexual harassment, rape, domestic violence or hate crime, if you think you were targeted because of your disability, or if a hate crime against you included sexual attack or abuse. It employed terminology which is indicated from the literature about sexual violence with co-ercive control, such as being forced to have sex against your will, being bitten, having objects used on you, etc.. Some participants did not all initially identify as having been raped. However, all the disabled victims and Survivors in the main study had experienced unwanted sexual abuse, penetration or injury from serious sexual attacks.

Material to attract participants was made available in a range of languages (including Polish, Urdu and Arabic), formats (including audio, Braille, easy words and pictures) and by phone calls to workers with whom I had collaborated on research previously and presentations to self-advocacy groups. In total, 103 women expressed an interest in attending with 82 victims and Survivors finally attending; workers who were not victims were not invited to attend the focus groups, but another session with these professionals was held after the research. There was some vibrant debate between two trans women who wanted to attend and a radical feminist who had already expressed strong views that this breached a woman-only space for her. In the end, she transferred to attend another focus group in Northumberland where the trans women were not present.

During the publicity for the project, two men complained that the sessions were women only and three young people under 18 wanted to attend. All of these respondents were signposted to other organisations which may help and given information about why the research concentrated on work with disabled or Deaf women.

3.10 Accessibility and cultural competency in focus group method

Having settled on the focus group as the suitable method from which to research the experiences of disabled women after hate crime involving rape, and having gained the resources to deliver the project, it became apparent that the well-planned and resourced focus group was also a particularly accessible form for disabled people with a variety of access requirements and educational backgrounds, given that participants did not have to write their responses or be able to read surveys.

However, this did rely on focus groups being held in accessible ways. Selected accessible, safe venues where participants were less likely to worry about being exposed to disclosure and meeting access barriers were chosen. The pilot research had found many access barriers in mainstream organisations, such as Victim Support and refuges, with buzzer entry and upstairs rooms, often for the safety of non-disabled women or a lack of meeting spaces large enough for several electric wheelchair users with large turning circles, or assistance dog owners who needed space for their blankets, water bowls etc. Social Services departments, segregated institutions and other statutory venues (such as community fire stations) were excluded from the list of venues, to prevent associations with powerful influences in

charge of the disabled people, in line with McCarry's critiques of her own research groups being not neutral when held in schools (2005).

A checklist for suitable venues was produced to ensure provision of foreseeable access requirements such as induction loops, level access, accessible toilets, circulation space, parking for blue badge holders and adequate light for anyone lip-reading or using British Sign Language in the chosen venues. This restricted the use of many hotels, conference centres and leisure venues, which were also problematic in terms of the intimidating gaze of other members of the public or over-attentive staff members who (even unintentionally), may be uncomfortable or over-attentive in the presence of women who were signing, or had electric wheelchairs or assistance dogs. In addition, this project research also took place at a time of shrinkage of public funding, when many user-led organisations were having resources removed, so a decision was made to book space in disabled people's user-led organisations to invest in sustaining their resources across the region where victims and Survivors live. There were two particularly added but unexpected benefits of bringing disabled women into these spaces. One participant (who lives in a segregated institution) wandered off while waiting for her taxi after the focus group and made contact with another project in the building, where free computer lessons were being offered and where disabled people worked. She left the session keen to return to the group and the building in the future; this may have extended her menu of choices for independent living (cf. Hollomotz, 2011).

Another woman, from a different segregated institution, had told the day manager that she was attending an art class at the disabled people's organisation, in order to attend the focus group. This sidestepping of a potential gatekeeper (Barbour & Kitzinger, 1999) was made possible given the choice of venue and adequate, independent personal support being provided by female personal assistants, who could give assistance with feeding, drinking and personal care. One participant explained why she had not disclosed to the day manager that she was attending focus groups about hate crime against disabled women,

Angie: Nothing bad, but (pauses) if I'd said why I was coming, they would have put me late getting ready. Just the handover would take forever. Then my trousers wouldn't be ready or my toast would have been late, or a cup would break and I'd get the blame and it would take ages to clean up (rolls her eyes) yah de yah de yah – some f***ing crisis. Then I'd be so late it wasn't worth the bother or the taxi wouldn't wait anymore. She wouldn't say I couldn't come, it would just happen like that.. Then they'd all know and put it in my notes. I don't need the hassle.

In addition to venue access, accessible taxis, including high top vans for some electric wheelchair users and cabs with women drivers were provided for the women, many of whom either did not live on an accessible bus route, or who had not had access to independent travel training, or had high support needs, or lowered immunity, so travel by bus was not suitable, either because of the risk to the woman of infection, or attitudes of staff.

Jan: Bus drivers get bloody nervy when they see an oxygen cylinder!

For some women who had been verbally or physically attacked on buses, the Metro (Tyneside's light railway system), or intimidated at bus stops, avoiding these modes of transport was still a priority in feeling safe. Whilst I did not want to promote safety-seeking behaviour, which can be problematic longer term for victims' recovery after crime, the project had enough resources to meet transport requests from participants, so would not deign to ration requests on the worthiness of participant requirements. Where women did use public transport or their own cars, their transport costs were reimbursed.

For one woman who asked to attend and who uses a Dynobox speech synthesiser, I was worried that the focus group method would either exclude her by conversation moving on too quickly, or that her contributions would cause frustration for other members of the focus group as her contribution may be artificially slow. However, the participant was keen to be included in the group discussion and declined the opportunity for a separate interview. This helped me to understand how important the peer group element of focus groups can be to people who are isolated in segregated institutions. In addition, she disclosed that in the institution, the personal assistants had been known to turn her box off if they did not want her to speak, so she wanted to access the focus group where independent personal assistance was provided. In order to ensure she was included, we devised a method whereby she was given the research questions in advance so she could programme some important phrases and thoughts into her synthesiser in advance. She called this file, 'Robert Pattinson,' (an actor in the popular Twilight trilogy of films) in an

effort to obscure the material from other people in the residential institution where she lives. A PA was dedicated to her during the focus group, who was asked by the participant to raise her hand when she showed the relevant symbol on her screen, so as not to interrupt other speakers and could turn-take effectively as part of the group. The participant has also been offered a further meeting if there are any further thoughts she wishes to contribute after the session.

Twenty seven disabled women with the label of learning difficulty contributed to the research. Some had restricted vocabularies, others were prone to compliantly agreeing with even conflicting questions and few did not have words for their experiences. Visual vignettes, as outlined by Hollomotz (2011), which were developed with the Change picture and graphic facilitation, were adopted for three focus groups and these worked to useful effect to aid discussion.

Participant consent literature utilized Easy Words and Pictures with large print for all participants, rather than separate information sets for people with a range of impairments (see Appendix Two). To date, people with the label of learning difficulty have usually been consented by interview, or given information by infantilising cartoons or even rag dolls. This research instead utilized the Change Picture Bank, a set of photographic images developed by self-advocates with the label of learning difficulty themselves. The information and consent pack used a left aligned large print caption for each image, so that participants using magnifier software could independently access the consent and study information without being distracted by the images. Clear English was used to assist comprehension by Deaf women and

women with a first language which is not English and BSL or Sylheti-speaking co-facilitators checked understanding of the information. Black and white print versions of the information were used for people with rigid thought where the colour images were too distracting. The use of inclusive consent information ensured that women with dual diagnosis had their access requirements met.

Trained citizen advocates with an experience of working with people after violence were on hand in three focus groups, incase participants lost capacity to consent to being part of the research or disclosure required safeguarding procedures to be implemented immediately, for example in the case of threat of post-separation violence.

3.11 Deaf women's participation

Another barrier arose with Deaf women's access to participate in the research. Usual focus group provision by non-Deaf researchers might be to provide a BSL / English interpreter for a mixed session. However, I had worked on a previous project with Deaf mental health service users and work with a Deaf advocate in my organisation, so I was concerned that this was an inappropriate and inadequate provision. Whilst I was keen not to categorise participants into impairment or ethnicity specific sessions, it is important to note that Deaf people, who identify with their (capital 'D' Deaf) linguistic and cultural minority rather than as disabled, have particular cultural and access requirements. It is important to ensure that talk between participants who do not sign does exacerbate paranoia (Gahir, 2006) result in poor recovery outcomes (Foster, 1998) or further exclusion (Young et al., 2000).

The work needed to be culturally competent in reflecting Deaf people's values (Glickman & Black, 2006). Some Deaf participants in the original pilot study were also unsure about engaging with deaf women who use English as a first language or who had cochlear implants, seeing that as furthering their oppression and I wanted to avoid potential harm or distress in this project. Whilst I use BSL to a low level (2), I was not confident that my use of BSL would be strong enough to work with women with native use of their first language, especially considering local signs in Cumbria, with which I was not familiar. In addition, tendon damage to my right wrist from relapse whilst data gathering, meant that my ability to clearly form signs was impaired with the strapping I was using at the time. So, to ensure full access for participants, I employed a female BSL user as a facilitator for me and took my own role as graphic facilitator. I used two BSL / English interpreters only to voice over the dialogue by participants for the tape, as one could not have worked alone with 8 focus group members for two and a half hours comfortably. I had considered using cameras to video the focus group, but problems of storing the large amount of tape and assuring confidentiality in transcription of material that would include people's faces (necessary for sign interpretation) were prohibitive. Both interpreters were experienced and trusted by the Deaf women who participated and the names of the language service professionals were provided to the Deaf women in advance with their booking information, with only one potential participant withdrawing at this stage. However, using interpreters for the tape did mean that the signs were glossed into English by them (not the researcher) in real time, but I made simultaneous notes and the interpreters used did clarify meaning with the women regularly. This glossing is an interpretation as there is no written form of signs in BSL

from which direct translation can be made (Lane, 1992). On two occasions during the focus group, I queried the voice over interpretation, which was possible both times only because I knew the turn of phrase of the Deaf women who were signing. This focus group took longer than others and had a higher cost than others, in order to ensure improved access to the process and the inclusion of Deaf women from a larger area, particularly given my restrictions as a non-native BSL user. However, using note-takers, graphic facilitation and BSL / English interpreters to produce a contextual transcript glossed into English, rather than word-for-word transcript which would not reflect the importance of Deaf language grammar and structure, may have helped to overcome the translation problems outlined by Eposito (2001) and allows the researcher to participate in a more culturally competent way (Dominelli, 2002). This outsider positionality in the session was very valuable. It caused me to reflect on many of my assumptions of the experiences of disabled women from other sessions, which had been more natural to my standpoint before the comparison was opened up by Deaf participants. These findings are discussed in chapter seven of the thesis.

3.12 Working through my white privilege

I also created barriers to insider research because I do not speak Sylheti, the preferred language of several disabled families with Bangladeshi ethnic origin, living in Sunderland and South Tyneside. Sylheti has no written form, but trust built up with families from a previous project, where I worked with them to disseminate knowledge about Direct Payments into their community, meant this project

benefited from generosity and eagerness to assist from some disabled people.

However, the approach is different with some of these disabled women, who wanted to attend and talk more generally about issues of sexual violence for disabled women in the area and discuss problems of forced marriage with people with learning disabilities, but who were unwilling to identify as victims themselves. This indicates interesting issues of truth and story-telling, as outlined by Barbour (2007). This focus group was delayed until October (after Ramadan that year, so that the participants could eat together). In this session, the women chose to have their own discussion group, facilitated by a colleague of mine who is bilingual. But two of the participants were keen to access the mainstream group, rather than have a closed discussion in their own space and two wanted their own discussion about cultural issues involving rape against disabled women. So, our compromise was for the Bangladeshi and South Asian women to meet before the session, have their own discussion, with careful consideration of what was included and excluded part of the research transcript and then to contribute to the main, mixed group discussion after lunch. Whilst the outcome for my project gains from the valuable data from women with diverse ethnicities, I hoped this would be offset by the reciprocal benefit of resourcing a type of feminist, consciousness-raising (Oakley, 1997) space for disabled women and their sisters or mothers from my local area. This was a space in which to discuss issues that they may not have had much peer support or capacity building around previously, as most excellent work in the area occurs with non-disabled Black and South Asian women in Newcastle. Care was taken, in line with the approach outlined by Umaña-Taylor & & Bámaca (2004) to ensure the transcription into English for coding took account of dialect and context.

Many of these barriers were prevented or overcome by asking participants in advance if they had any access or dignity requirements for the focus groups and by anticipating some barriers, such as not having the focus groups on Fridays, Saturdays or Sundays, when religious observance is required by some potential participants. Similarly, all but one evening focus group were held after 11.30am and ended before 3pm, to ensure that disabled people who rely on agency workers to dress them in the morning, who do not start work until 9am, could attend and so that women with childcare responsibilities could leave in time to collect their children.

3.13 Primary data collection through focus groups

Data to inform the first research question was gathered through conversations in six focus groups, facilitated by the researcher, with up to six participants in each group. The first group had eleven participants booked onto it (due a problem with my use of the electronic booking software), which was too many to gain all the valuable discussion available from participants within two and a half hours.

The focus groups set out to discuss:

Disablist Hate Crime: What do you think hate crime against disabled people is? Is all crime against disabled people hate crime?

Problems after Hate Crime: What are the problems and barriers after hate crime?

What is different for you as a disabled person, a woman, the money you have, or where you live when you think about asking for help from the Police, social services or doctors? Does it change for people with different impairments, or after different

types of hate crime? Is it different if you live independently or in a residential home or hospital?

Support Groups: What works or doesn't work for different disabled women about being in a group after hate crime and why? What is good or bad about different activities (like using art, campaigning for change or setting up support services)?

Labelling you: What do you think about being called vulnerable or a victim by professionals? What does it mean to be a victim, Survivor and campaigner at different times? Which words do you choose for yourselves and why?

Working in a Group: How might the group work to help you get stronger after hate crime, or what might the disadvantages be? How do you learn to be part of the group? What support, or drawbacks do you get from belonging to it? What do people in the group expect from each other? How do you stay safe in the group?

Being researched: What is it like to be part of research? What do you expect from researchers? What works and what doesn't work for you?

3.14 Research questions

The construction of research questions for this study took a lead from Anderson & Doherty in hoping to deconstruct power relations, through applying feminist theoretical analysis to the lived experience of the group (2008) and employing both feminist and gendered lenses (Letherby, 2003) to filter and illuminate study of disabled hate crime interventions. They also sought to inform knowledge about

conducting research with so called hard-to-reach groups involving sensitive subjects. All three questions were supported by logically ordered sub-questions.

The first substantive research question for this study unpacked the particularities and situational risk of disabled hate rape. It sought to contrast this with other forms of violence against disabled women, as well as similarities and differences between hate crimes against diverse minority communities where disability is not the primary driver or in which sexual violence does not occur:

1. Are there conceptual links between institutional or private space violence and disabled hate crime in public spaces? How do either access to services or intersectionalities transform or inhibit the lives of disabled women after hate rape?

The second research question was concerned with how interventions worked with disabled women after disabled hate crime involving rape. The question considered whether these processes are different for disabled women, compared to other victims or survivors:

2. How might collective interventions be seen as effective after disabled hate rape? How do disabled actors situate themselves or resist being a victim or survivor after hate crime? How does peer support after hate crime interplay with social role valorization for disabled women? What particular activities are recommended by disabled victims and survivors? When and for whom might these various strategies be recognised as effective in tackling community and individual harm after hate crime?

The third research question aimed to make a methodological contribution to research in the area of sensitive research with disabled people and victims after other hate crimes.

3. How might the responsibilities, tensions and constraints of research safely and ethically work with disabled people after hate crime? What are the ethical regards in working with disabled people who experience victim / perpetrator dichotomies or continuation of threat and post-separation violence? How are the barriers and possibilities in involving supporters, advocates and interpreters in research negotiated in focus groups? How might the tensions between activism and the academy be unpacked through praxis?

The fourth and final research question problematises the policy context within which these processes are located:

4. What particular conceptual learning surrounding vulnerability and other policy constructions are illuminated through this collective intervention research? How might restorative justice, victim support and social work models be useful or problematic in relation to disabled hate crime and with disabled women after rape, in light of learning from the focus group?

Not all of the focus groups had time to discuss all the questions; in hindsight, there were too many sub questions for the scale of the study. In addition, further issues were raised by the participants, which I sought to explore in subsequent focus

groups. Chapter four of this thesis begins to discuss the findings from the research questions, firstly regarding barriers to access. Chapter five of the thesis then discusses findings from the second research question regarding intersectionalities and chapter six explores identity building and interventions after disablest hate crime from the focus group data. One particular issue was the subject of taking back control after the rape emerged as not being necessarily about formal interventions; this is discussed further in chapter six of this thesis. A reflexive piece in chapter seven explores the effect on the researcher of this study and finally, the same chapter draws out policy lessons from this study, as well as limitations of the study and priorities for further research.

3.15 Transcription, coding and analysis

After each focus group session, I elongated the room booking to write reflection and questions about the session from my immediate thoughts. Within the next few days, I repeated this, to inform my analysis. Another impairment effect of my untimely relapse was temporary short-term memory loss, so ensuring repeated familiarity with the material was important. I also listened to the tapes as MP3 files in the car, which were encrypted with pin code access and kept on a USB stick removed from the vehicle when I left it. This assisted in immersing the researcher fully in the data and the nuances of speech and interaction, an important part of analysis method (Hollway & Jefferson, 2000).

Transcription of the results was problematic, due to a particularly untimely relapse of my MS, affecting my left side and strength. This meant that extra support was needed for transcription assistance, as using the foot pedal and typing for long periods was very difficult. However, having read the difficulties encountered by Reeve (2008) with the quality and context of professional transcription, I chose not to simply hire a professional transcriber, for reasons of encryption, data protection and ability to interpret the Geordie accent, Pitmatic words and Deaf dialect from the tape. Personal assistants helped me to transcribe the data into standard English, but with notes made in Geordie vernacular, which helped me to remember the voices of the participants more accurately and seemed to capture the humour of the sessions more readily.

The BSL / English and Sylheti / English interpreters checked the relevant transcripts again for accuracy before they were coded. Transcription was delivered from Notepad into Atlas.ti, in order to facilitate coding and analysis. The data were coded using a constant comparative thematic schema (Schiffrin et al., 2003), which emerged from transcripts systematically (forwards and backwards through the coded text) in relation to the research questions of the study (Frankland & Bloor, 1999, p145). Consistencies and inconsistencies were illuminated through this cyclical process, until the themes were saturated, but the research process heeded Robrecht's (1995, p769) critique that warned of too much technique and urged a concentration on the grounded data and theory (Charmaz, 2009).

Kitzinger (1995) advises that focus group data transcription needs to indicate the impact of group dynamics and interaction. Her recommendation to tag jokes, questions, deferring opinions and changes of mind was undertaken in some coding. Thus, as primary research data were collected, analysis of the data in relation to the research questions was started iteratively, to aid reflexive progress for future data gathering activities and begin early analysis. Lists of themes and sub-themes were then created.

After coding, the analysis of focus group data was undertaken thematically, informed by approaches from Thomas (2004) and Onwuegbuzie et al. (2009). Kitzinger explains that in analysing focus group data:

"The researcher draws together and compares discussions of similar themes and examines how these relate to the variables within the sample population" (1995, p301).

She also outlines how, in writing up, the researcher should reflect elements of conversation between participants, to avoid anecdotalism or taking quotes out of context.

3.16 Dissemination

Wise warned of the prevalent pattern in research where "Those who publish and research are seen as expert and those who are written about are not" (1987, p76). Beresford (2000) also rejects service users being used as a data source for research and promotes the:

"Key but often overlooked area in which ..service users have advanced their involvement.. In the development of their own services and support arrangements"(2005, p12).

These concerns lead researchers to have regard for how research is not only designed and conducted, but also disseminated, so that expertise is located with participants who are included in the research. The design of the wider project to include training with the researcher and participants and joint authoring of the training materials, helped to facilitate this. In terms of the thesis, analysis and theory building was individual and discussion of the process and reflexivity is included in the findings section, to differentiate carefully the different contributions of researcher and participant.

Summaries of findings will be sent to participants who elected to receive them and will be made available through funders and the user-led organisation of disabled people where I work. Dissemination to academic audiences is being delivered by the researcher through presentations at conferences and through papers in academic journals, as well as chapters in edited collections (see front of the thesis).

Dissemination to social workers (especially around the issue of locating disabled women after crime as vulnerable) was prioritised by participants, so this will written up for a journal co-operatively with the Ambassadors as co-authors after the thesis is examined and dissemination events with workers are planned for the summer of 2014.

3.17 Conclusion: Epistemology, methodology & method

This chapter has shown how a feminist standpoint epistemology and social model ontology strongly informed the research methodology for the project and how focus group methods were commensurate with the aims of the project. It has introduced how data gathering, coding, analysis and dissemination methods were also delivered in consistent ways to honour the feminist values of the project.

Particularly, it has shown how the research design itself makes an original contribution to the literature in negotiating the use of interpreters, facilitators and literacy glossing to develop culturally competent (Dominelli, 2002) spaces. It has contributed to knowledge in the area of focus group method with disabled and Deaf women with a range of impairment labels and experience of segregated institutions that other researchers in the field to date have excluded or found 'hard to reach.' They have been situated as 'vulnerable victims' in policy and criminal justice services, but from a social model perspective, this chapter has demonstrated how a range of access requirements and research designs can be met to make participation of disabled or Deaf people more legitimate than has been seen to date in many studies about hate crimes and rape. The chapter has also demonstrated how the research design development has been central in working through the tensions and multiple accountabilities in social science research, which exist between the community of identity, notions of social justice and the academy (Abu-Lughod, 1991). This iterative approach to the research design also helped to develop theory from the reflexive process and take account of the agency of participants; the findings from this research will now be analysed.

4. Findings: Disabled by Situational Risks & Barriers

The nine focus groups involved eighty-two disabled or Deaf women who were victims or Survivors after disabledist hate crime involving rape. This chapter unpacks the situational risks and barriers to safety and justice which correlate with disabledist hate rape; barriers to access and situational risks were identified as key themes for the thesis from discussions in five of the focus groups.

The chapter compares these risks with other forms of violence against disabled people, as well as similarities and differences between hate crimes against diverse minority communities where disabledist hate is not the primary driver or in which sexual violence does not occur. It discusses the findings linked to the first research question in the study, which sought to understand conceptual links between institutional violence (for example, in residential institutions, hospitals or assessment centres) and disabledist hate crime perpetrated by acquaintances, family members at home and in public spaces. The chapter utilises feminist analysis of public and private space to inform understanding of disabledist hate crime as institutionally sanctioned and perpetrated from positions of power in isolated spaces. The role of isolating the victim also occurs even when the perpetrators are known to, or in the family of, the disabled person and when disabled people are denied privacy and in close proximity to other people (particularly in institutions); Mason's (2005) analysis of homophobic and racist hate crime proximity is invoked here. This section sets out the first original contribution of this study to the extant literature by specifying the

characteristics of sexual extortion rape against disabled women, in contrast to Sherry's (2010) finding of hypersexual rape.

The chapter then analyzes specific barriers in mainstream services encountered by the few participants who did try to report the attacks. It considers how rape is compounded by inequalities of access to health and social care or criminal justice services after disablist hate crime. These barriers are assessed from a social model point of view and they inform the policy recommendations in chapter six.

The chapter sets out the main differences which are illuminated with disabled and Deaf women's diverse experiences of disablist hate rape. It makes another original contribution to understanding by refreshing the 'Continuum of Violence' concept from Kelly (1988) situating disablist hate rape in institutions in relation to the continuum. Finally, the chapter concludes with another original contribution to the literature analysing the differences found in relation to the victim / perpetrator dichotomy prevalent in disablist hate rape, when hate crime involves disabled women.

Before turning to the specific findings, it is important to contextualize the experience of gathering these data. The participants in these focus groups had sometimes vibrant, sometimes scared, tentative discussions about their experiences of services and life after the disablist hate rape which is not fully captured by the quotations recounted in isolation in this chapter. Reflexive discussion about the group dynamics in the focus groups as a whole is included in chapter seven of this thesis,

after the substantive methodological and substantive contributions from the study are discussed. The fluidity of these focus groups was surprising and quite different to other focus groups I have facilitated. For example, when women were speaking, other disabled women in the circle often spontaneously moved their chairs nearer or put their hands out to the woman next to them in comfort, solidarity or agreement. They often gestured or vocalized to the PA behind them to pass a tissue or water to another participant, even if they did not know them. Sometimes, women went and sat outside the circle on the floor with their heads down, but stayed in the room, rather than leaving to the adjoining break out room where there were colleagues waiting to chat if anyone needed support. Despite the violent, difficult subjects being talked about, there was very little shock about the details participants shared. There was anger, frustration and support shared as well as many suggestions for change given; it is testament to the shared experiences of the victim and Survivor participants that not even the most extreme experiences provoked shock or angry outbursts, except with the personal assistants and co-facilitators who were present. With hindsight, I should have prepared the personal assistants and interpreters more fully for the focus group content and provided an opportunity for them to debrief afterwards in supervision; many of them are self-employed and do not have access to communicative reflection as standard.

Nevertheless, safety and solidarity with disabled and Deaf women with shared experiences reinforced the need to have a safe space without workers or interested non-disabled women who had not experienced sexual violence or rape. The resultant data are analysed in the next three chapters.

It is worthy of note here that two participants disclosed information to the researcher outside the focus groups themselves, so a further consent stage was instituted to seek permission from these women to publish specific quotations from emails and conversations with them, both before the focus group and a conversation after the group in one case. This became important contextual data for this study.

4.1 Situational risk for disablist hate rape: Institutions

Despite not being the aim of the focus groups, twenty-three of the participants in the group mentioned or discussed the circumstances in which the disablist hate rape against them had occurred. These details were unexpected but helpful in beginning to uncover a tentative typology of risk for disablist hate rape in the North of England, given the lack of agreement in the literature about the causes and effects of institutional abuse against disabled people and the lack of literature on the sexual nature of this abuse. In quoting the women, names, some local colloquialisms and features have been changed, to protect them from being identified which could lead to further victimization.

Ten of the women who disclosed information about the rape perpetrator identified their rapist as a male 'support' or 'care' worker in the institution where they lived, were there for respite, assessment or medical treatment. In total, twenty one of the disablist hate rapes discussed in the groups occurred in institutions; these were segregated residential institutions owned and run by charities (Scope, Mencap and

Leonard Cheshire), NHS hospital psychiatric wards, privately owned assessment units, one in a respite centre and one woman was raped repeatedly in a segregated day centre for older people with dementia. Six of these rapes were perpetrated in the segregated institution where the woman lived permanently; all but two of these rapes were part of on-going (and often escalating) hate crimes and violence against the women by one or more members of staff.

Michelle: They put you there to be safe but it's not because you are a sitting duck. You think here he comes again and you think what'll happen today? He just rocks in, cocky as anything with his trolley. He locks the door, picks up big metal thing that goes inside you [speculum] and holds it like a gun, pointing at me. Then he puts the shower on and wanders round and takes stuff. He'll take a fiver out of my purse, right in front of me, or look around and lift jewellery and stuff, even tampax once, right in front of me, talking away to me. Then has me sucking him off. He says he has to do that because he didn't want to hurt me again like when he shagged me before but to be honest, that wasn't as bad as it is.

Michelle's experiences are concurrent with what Plaut (1997) calls sexual boundary violations; Plaut found that although these violations happened in all four gender combinations, sexual boundary violation between male workers and their female patients occurred almost 90% of the time (1997, p79). However, this term could be seen as minimizing the level of attack and threat experienced in relation to disablist hate rape. The experiences of Michelle and six other women who were raped in segregated schools, colleges and religious institutions are all similar; their

descriptions include bottles, catheters and other medical equipment being used to penetrate them and being threatened as weapons. These are situational weapons found in institutions, different from the weapons described in most of the violence against women literature. The implications of the recent split between penetration with an implement and penetration (assault) with a penis (rape) in law for disabled women will be discussed in chapter seven.

None of the women raped in institutions had control over when they had forced and unwanted sex with the perpetrator and none of the women had sex with the perpetrators outside of the rapes, as is also described by DeMaris (1997). However, experiences of rape in disabled hate crime are explained by Sherry to date as being, 'Hypersexual' (2010, p100), which can be taken to refer to extremely frequent sexual activity or excessive sex drive, usually where people have reduced inhibitions, although Sherry does not set out the definition he prefers for the term. However, he does link these attacks to the de-humanized position of disabled people in the United Kingdom and the United States. Sherry's invoking of hypersexuality may hold with regard to the analysis of reported cases from media reports he reports, but without further information about the motivations or other activities of the perpetrator, it is difficult to illuminate further. However, in this study, violent and aggressive rape appeared to be more correlated with the characteristics of sexual extortion rape (including biting and rape with items such as bottles and medical equipment) linked to power and control by staff in institutions, than hypersexual presentation by offenders. For example, perpetrators threatened that if the victim

did not quietly allow the rape, further action would be taken against them. These threats ranged from making false allegations against the victim, to threatening to steal their belongings. Some perpetrators also threatened to include false allegations against the victim in their case files or subject them to hatred and isolation from other members of their family by spreading lies about the victim. DeMaris & Swinford (1996) had previously robustly analysed large scale data between men and women who were married and co-habiting in the USA. Their data are unlikely to be generalizable to rape of disabled people in institutions in the UK (there is certainly difference in the types of weapons used in the two studies). Nevertheless, they found that any hypersexuality hypothesis was negligible (almost zero) in relation to couples in the study. Similar conclusions may also be made from this study with women in the North of England, as hypersexuality was not reported at all in the focus groups. However, the difference between the newsworthy cases analysed by Sherry from media reports and the personal testimonies of women in groups who were raped here, may account for this discrepancy. This study's original findings do not mean that hypersexual disablist hate attacks do not occur, but perhaps more research with offenders is needed in this area. Nevertheless, the identification of sexual extortion in relation to disablist hate rape in institutions in the UK is an original contribution to the disablist hate crime literature from this study.

The use of weapons (such as the medical implements women were threatened with, was recognized by Lees (2002) as useful when offenders seek to dominate, humiliate,

and degrade in rape. This is also commensurate with the findings of Petersilia, who identified the strong desire of perpetrators to control disabled people (in that study focused on people labeled as having learning difficulties), which “Can take the form of torture..sexual assault or a variety of other actions”(2001, p678). More recently, Lundigan & Mueller-Johnson (2013) reported some similarities in control and exploitation rapes against men and Mitra et al. (2011) found higher lifetime rates of sexual victimization amongst disabled men than non-disabled men or non-disabled women (but not as high as those for disabled women) in Massachusetts. However, this survey was conducted with non-institutionalised disabled people; disabled men in institutions may also be at greater risk of rape, but more research is needed to identify whether this is indeed the case.

For one participant, the use of rape was a way of isolating and controlling her which might be seen as commensurate with other dehumanization and isolating strategies of control in the modern college institution where she lived:

Alice: I don't have a lock [on the door] and you couldn't tell it's my room, really, cos there are no posters of Robert Pattinson up (laughs). When I wake up in the night I wonder if he [the perpetrator] is coming in, so I don't really relax unless he's on holiday. My social worker thought it was good when I got a room on my own, but I liked sharing – it felt safer at night, like I feel safe here, now.

As Crossmaker explained when she studied the evidence about sexual assault on disabled people in institutions: “What would be abusive or dehumanizing treatment in other social settings may be viewed as normative within institutions” (1991, p209). The lack of privacy (for example, not allowing Alice a lock on her door) is one mechanism by which institutions may dehumanize residents, in contravention to Article 22 of the UN Convention on Rights of Persons with Disabilities; it is also one of the elements which contributes to institutionalization, according to Goffman (1963). This use of locks in institutional settings is commensurate with the Scope (2008) conclusion that the location of vulnerability used by institutions (presumably even the segregated institutions they run themselves), obscures the targeted nature of crime.

More appropriately with the data in this study, Mason (2005) argues in relation to her analysis of racist and homophobic hate crime in London, what is key to providing the conditions for hate crime is the degree of estrangement between groups in close proximity (Ahmadt, 2004) which produces collective hate against the Other group (in this case, disabled and Deaf people); this is certainly consistent with paid staff in institutions who are physically close to residents but not friendly or compassionate to them in reciprocal ways. As well as disablist hate rape and lack of privacy, participants in this study were normatively controlled in institutions, for example by restriction of food choices.

Coleen: You can't say what you want to have to eat at the weekend. It's a cheese barm (sandwich roll) or nothing. They don't do hot Saturday - short staff you see. Even when it's freezing in winter. They take the lads to the

shop for hot pie but not me. Social worker says she pays £3,500 a week for me to be there – it's not spent in the kitchen!

One participant, with the label of learning difficulties, was anally and vaginally raped every Friday night for many years, by the same male nurse at the start of his shift.

Kathleen: I didn't think it was wrong. I didn't like it at first but I knew it was just what you did. I got a cake with my dinner on a Saturday when I did. Sometimes I did and didn't get a cake anyways, like if I was on my rags.

This woman's history of rape only came to light many years later.

Kathleen: I got awful stressed. I was in a nice home by then after [name of institution] closed. I took my trousers off this night when this man worker came in to get my soup bowl after tea. I bended over the bed. He ran out. He came back with the matron and another lady orderly. They sat me down. I said nothing for ages I was mistook [confused] ... It was years later at the women's group I realized people didn't have to do it everywhere and it was wrong.

Although isolation and restriction of contact with the outside world are correlated with disablist hate rape in the institutions discussed by the women in this study, the hostility and attitudes to the women do not themselves occur in isolation inside the institutions. For one participant, the isolation, refusal of medical treatment or attention outside of the institution and the restriction of control over resources linked to the rape were all legitimized and supported by wider societal attitudes and contemporary discourses that degrade disabled people. For some participants in the

study (Balderston, 2013, p37), violence was legitimized by the sharp reduction in welfare experienced in the United Kingdom under the Conservative-led coalition government and the media rhetoric surrounding it.

Vicki: People think we are benefit scroungers – that makes us fair game for anything they want to do.

Jamie: I know that's the [expletive – describing a male staff member] in the home that had me. He used to use my catheter and the urine bottle on me, then called me dirty for getting infections. He reckoned I wasted enough money being alive and shouldn't waste the doctor's time as well. It was months before I was so ill I had to go to hospital...They didn't believe that I'd been abused – they said the pain was just from the infections. What could we do about it? I don't know. I asked for a woman to take me to the loo, but they said they didn't have enough staff for that all the time but I can't get my own – they get my benefits.

Two Deaf girls had been repeatedly raped historically in residential schools at the hands of priests; both women were many miles from their families when the attacks happened. When one had left the institutions at 16, the rapes had ceased, but her self-harm continued intermittently over decades to the present day.

Carla: With my hair straighteners I burn body and arm. It feels close to me, like a hug. After I let it out I smell the skin burn. I feel good. The priest was the first man that touched me there. I didn't want it again with a husband. Never said why to a man, but we have Deaf ladies at the mental health group

where I go – some of them, they know.

At the time of this study, media attention was growing around the cover-ups of systematic rapes by priests in the Catholic church and the rape of people in institutions by Jimmy Saville, a well-known BBC disc jockey and television presenter from the 1970s. At the same time, another presenter who had worked in the North of England was jailed for four years for sexual assault of teenage girls. One of the women who had a history of depression, criminalisation and self-harm who contacted this study had been a victim of this man, but was not one of the complainants in the case brought against him. The media attention of these cases, as well as the researcher's reach into existing work with victims, disabled people's organisations and refuges, may have assisted the unusually high number of participants in a study of this type. The study had set out to include 40 women and 82 participated in total.

Two disabled women in the study had been raped repeatedly in residential segregated colleges more recently; the disabled women who were seventeen and twenty respectively. One of the students was supported to disclose her rape as a result of the study. She was removed from the college into a group home in the community, but no wider investigation appeared to be forthcoming as a result of the disclosure and the college is still taking people from out of area placements. The persistent culture of hostility against the residents, in which rape and violence is perpetuated in institutions and segregated residential settings was discussed.

However, women did not passively accept the attacks. Strategies to resist the attacks ranged from reporting illness to try to be moved to a hospital or assessment centre, telling the perpetrator they were having a period, exhibiting, so-called, 'challenging behaviour' which included trying to scream, bite, resisting inappropriate touching, rape, or avoiding being in the room alone with the perpetrator, by elongating meal times, or trying not to be alone when the perpetrator was on duty. When some women did try to report the abuse, either their speech software was turned off by other staff, the incidents were disbelieved, or the woman was threatened with further neglect and abuse. One woman was left without her medication for too long and, at other times, over-medicated. Another was repeatedly treated roughly by other staff, when they were dressing her, who branded her as a trouble-maker for apparently telling lies against their colleague. This participant had experienced repeated rape by a staff member in the institution where she lived. Although the staff member had been removed from the premises, the disabled woman was still experiencing victimization from other staff:

Diana: It just seems like they tug a bit more on your clothes and they're a bit rougher. Like you got their mate into trouble. Or they don't believe you. No one says anything. But they think I'm a trouble-maker now – like they [staff] come in twos and that. I told them I was coming to an art group today. Not here for this, (Balderston, 2013, p31).

Diana confided that she felt the staff would have not dressed her or would have delayed breakfast to ensure she did not attend a group to discuss her experiences of rape. Other women in the focus group nodded or vocalized in recognition of this

pattern, even though they lived in residential settings run by other charities. Diana explained that staff had previously masked this behaviour as unforeseen delays, rather than deliberate, making the treatment harder to question or counter. This type of implicit control in everyday life for women with high levels of support needs and living in institutions (cf. Strand et al., 2004) may not be perceived as a safeguarding or criminal matter, but cumulatively these incidents may still have an oppressive and controlling effect that allows rape to be perpetuated and which still affects women trying to regain their life after rape (Balderston, 2013, p32). These data bring into question the ungrounded assertion by Heilporn et al. (2006) that there is no evidence modern rehabilitation facilities exert such abusive power as old institutions. Findings from the reports after Orchard Hill and Winterbourne View scandals (Community Care, 2007 Flynn, 2011) also demonstrate that institutional settings are not places free from sexual or physical violence for disabled people.

In the context of institutional control, Mason (2005) might have been analyzing disablist hate rape in institutions, rather than homophobic hate crime in London, when she concluded that people could be close in proximity, but if their relationships were not characterized by compassion, affection or friendliness, hate crime could result.

For two other participants, rape in hospitals was a common and frequent occurrence. These rapes occurred in the psychiatric ward where mental health service Survivors were in-patients; one was being assessed under section 2 of the Mental Health Act when she was raped. A further woman was detained under a Deprivation of Liberty safeguard for violent behaviour. This is not a new

phenomenon in the modern NHS; a leaked National Patient Safety Agency (2007) report exposed 19 rapes and 100 incidents of sexual assault and sexual harassment in NHS mental health units over a two year period. Both survivors in this study tried to report the rape to a member of staff in the unit, but neither was believed, commensurate with Sobsey's (2006) findings. Instead, being detained in 'Mental health land' (Kristiansen, 2004) meant they were administered with high doses of anti-psychotropic medication and that they were not believed about their experiences of rapes (which had been perpetrated against them by staff or in one case, another patient).

These experiences demonstrate another distinct difference between disablist hate crime and hate crimes against other minority groups, as well as between rapes against disabled women and the wider construct of rape. Hate crime and rape are regularly constructed as being public space, particularly urban, attacks. However, the extent of rape against disabled women in institutions from this study is quite different and problematizes the common binary constructed between 'private space' rape in relationships and domestic violence and the location of hate crime constructed and conceived as mostly a, 'public space' crime.

Whilst control by state agents (social workers, nurses, psychiatrists) is rarely likely to directly instruct institutional rape, it seems to legitimize it and support its continuation for the participants of the discussion groups. The positioning of disabled people as denied privacy, not given choice of food or control of the money spent on their behalf, then being degraded and de-humanised as well as raped

speaks to the lack of value and dignity afforded to disabled people in wider society. Field (2003) has compellingly argued that Muwekma Ohlone tribe have strict state criteria placed upon them and this resonates with the positioning of disabled women in this study who, upon appealing for assistance from the patriarchal state (instituted through health and social care systems) are silenced, shamed as benefit scroungers or segregated in residential institutions, where they are put in harm's way for rape, neglect and physical violence.

4.2 Situational risk in disablist hate rape: Family members

After male care workers in institutions, disabled women in the study were most likely to be raped by a close family member. Each of these four women had been raped repeatedly by a father, step-father or uncle; two of these women had also experienced penetration with an object and escalating abuse before the rapes. Two women said they had lost their virginity in these rapes. One set of rapes had occurred when Lily began to menstruate (before she was 16) and repeated rapes had begun only when one woman had tried to leave home.

Ellie: He was angry with me. He threw me over out of my chair and got right over me...He said I am disgusting.

Andrea: You know that's not right, hinny.

Ellie: [Puts head down] He said I had no idea what I would do how much my mum had fought for me and I couldn't live away 'cos of what it would do to her if I went. He kept shouting you kill your mam you selfish bitch. That stuck in my head. He kept saying I am disgusting while he was feeling around. I was

shaking but I was cold but I was sweating. I was on my front I just looked at the edge of my dressing table really hard and counted the grooves on the side of it for ages. He left for two days out drinking after that.

In Ellie's case, this use of rape as control was very effective; she is still living in the house with her parents. This is concurrent with research from DeMaris (1997), which found that the climate of fear created by sexual extortion (in that case, in relation to partner relationships) helped the perpetrator to maintain control. In addition, the leaving of her attacker for a period of time afterwards is concurrent with Copel's (2006) model concerning interpersonal violence against disabled people.

However, one significant difference between the accounts of control by family members in this study and the wider literature on sexual violence with non-disabled women is the economic control, which is more usually correlated with physical, rather than sexual violence against non-disabled women.

Mel: They [uncle and cousin] would come round at four in the morning on the day I got my benefits and march me to the cash point to get them – everything but £10 because the social worker used to like to see I had money for milk. Then when we got back he put me on the floor and stand on my face in his shoes then come on my face. Then their laddy [her cousin] laughing and wees on my top and tells me I stank.

Mel's experience resonated in other focus groups; this is a particular intersectional problem for disabled women who have other people controlling their money; quite

distinct from sexual violence being usually less likely to be correlated in the wider literature to economic inequality. The lack of money or lack of control over money that disabled women have means it is not easy for many disabled women to leave the place of their abuse. Even if they can leave the place of abuse, the controlling perpetrator relationship in the family or institution can threaten ongoing contact and relationships with other friends or family members; these relationships are very important to already isolated women. This is commensurate with hate crime attacks affecting other relationships (Noelle, 2009). One woman in this study was raped by her brother while she was pregnant.

Jessie: He said it would be warped as well. He said it was sick I was up the duff [expecting a baby]. He pooped on me while he was choking me with his dick and squashed his poo in to my stomach really hard. I just cried and cried and I didn't want to drop any on the carpet getting to the bathroom. It was.. horrible.

Angela: Pet what a b*****d. You are so bonny.

Jessie: My bairn [baby] is [face lights up]. Do you want to see? [Jessie takes a framed photo out of her bag and passes it along]. She's called Emma and she's three now... I see me mam a lot but I cannot leave her with my mam at night though 'cos he still lives there.

Disablist hate rape by a family member in these accounts appear quite different to the accounts of rape by staff in institutions. These attacks by males in the family might have been sparked by the symbolic or actual signs of independence or sexual

life beginning with the disabled women; disabled women are expected to be asexual in society, so this may be an extra threatening power to these men. These rapes appeared to be more physically violent but perhaps less escalating than those discussed as occurring in the institutions. Attacks by fathers, uncles and brothers involved women being stood on (while the perpetrator had shoes on), hurled and anally as well as vaginally raped and involving defecation or urination. Whilst the use of bodily fluids to degrade a woman in rape is well documented in the violence against women literature, the discussions in this study are the first that originally link the act firmly to dominating the women with firm regard to hatred of their disability, marked by talk of disgust. This study also shows that in the home, weapons are not needed for control. There was no mention of weapons being used in the home, but control was gained with financial abuse – this is correlated with a high level of control and physical violence in the violence against women literature, but not correlated with sexual violence against non-disabled women.

4.3 Situational risk in disablist hate rape: Stranger danger?

In three rapes, the perpetrator was an acquaintance of another person known to the disabled person, but not related to her. Two were the friends of neighbours and another was an acquaintance of a neighbour.

Elaine: He came to fix my ceiling the first time – he was someone next door knew who did odd jobs. I had some damp and the paper was coming off – it was shocking! The lass next door seemed canny – a bit rough but friendly.

She said I know someone who sort that out for you while she was washing my hair this day. And she said 'He's single!' We had a good laugh about that.

Brenda: They are the ones you want to watch!

Elaine: He was canny. He kept finding other things to fix like the boiler. He did a really good job and chatted a bit.

Brenda: Was he registered Corgi [the heating engineer certificate]?

Elaine: No it was my own fault. I just took it from next door. He was on the social but I gave him some money for paint and that and a bit extra. Then he wouldn't take no money but said just make him a sandwich. It was weird because he took food off my plate instead. I should have seen it then.

Then started to put his hand down there and next times he did less jobs for me. Really really rough though - no kissing, nowt.

Interestingly, none of the other women in any of the groups mentioned that the perpetrators tried to kiss them, show affection or apologise after the attack, which is commonly seen in the literature on rapes of non-disabled women. In this study, this means that Walker's Cycle of Violence model (1979) surprisingly does not hold with the experiences of disabled participants; this finding is concurrent with that of Copel (2006). Whilst Walker's theory of tension, violence and a honeymoon phase is used in intimate partner violence and domestic abuse, the relevance of violent rape and dehumanizing treatment by staff in institutions and family members with disabled women (which characterise the hate crime element) may constitute the difference here.

Whilst not generalizable, these data very firmly separates rape in this study from the 'stranger danger' that is popularly conceptualized in much talk of physical violence in hate crime against adults and sexual violence against children; McDevitt et al. conceptualized that hate crimes offenders were "Total strangers" to the victim (2002, p19). This construction had already begun to be contested by Mason's(2005) analysis of reported racist and homophobic hate crime in London. More recently, Meyer (2014) critiques the notion of stranger danger in relation to anti-Queer violence in the USA. He too takes an intersectional approach, arguing that the stereotypes of strangers as perpetrators of hate crimes disproportionately reinforces narratives of Black and Latino men living in poverty who are constructed as dangerous and simultaneously lends credence to those who call for harsher laws, rather than challenging the problematic and large scale social inequalities which create and sustain violence. Whilst this is compelling theory, it will need further research about perpetrator criminalisation and offender characteristics to bear this out; in the USA there is little conviction data published on this matter.

In terms of rape, recent evidence shows that up to 49% of women raped know the attackers (Lundigran & Mueller-Johnson, 2013). In terms of hate crime, Mason (2005) found that 82.5% of people in reported racist and homophobic hate crimes in London were perpetrated by neighbours known to them or people they recognized locally. The differences in this study, that only three out of 82 participants said they did not know the perpetrator and that few rapes were single attacks, clearly indicates that the rapes in this study are clustering at the intersection of not only rape characteristics, but also firmly hate crime.

Perpetrators unknown to the victim raped only nine of eighty two participants. One of the rapes by an unknown man took place in Sunderland, two in Middlesbrough and the others in towns in Cleveland. One of these attacks was in the victim's home and the other three were all urban attacks. Whether there is something about these deprived towns, higher rates of disabled people in these areas or more accessible transport so disabled people are more mobile, that distinguishes these particular disabled hate rapes is still unclear. The only distinction from the data that set one attack aside from others is that in this case, the attack first appeared to be a theft and escalated into a rape. In two of the cases where the victim did not know the perpetrator, women had experience of memory loss; both of these women questioned whether they were to blame for this.

Elsie: It might have been my new tablets. They changed my tablets after incase. That's what the nurse said.

Ivy: I know hinny. But that's daft. Tablets cannot make you imagine stuff like that!

Elsie: Oh, I don't think I didn't imagine it like. But my memory isn't good with the Alzheimer.

Ivy: Did they report it?

Elsie: Well no. Nobody did anything to catch him. Never said but probably didn't think a man would want an old one like me.

Both Elaine and Elsie's reactions are consistent with Tiby's (2009) description of self-blame in hate crime victims; Elsie's experience may also indicate the intersectionality of age and gender in relation to disablist hate rape, but more research is needed in this area. For Elsie, the memory loss did not block out the attack, but did make her particularly vigilant and anxious as to whether they would recognize him again if they saw him. Both victims who did not know their attacker also questioned whether they had seen the attacker before the rape but were unsure. Even if unintentional, it is problematic that professionals may think that Elsie had imagined the attack and taking this as a symptom of her condition, adjusted her medication. This action was distressing enough for Elsie to recall the conversation and recount it in the focus group and Ivy was also frustrated by the actions of the professional towards Ivy.

4.4 Barriers after disablist hate rape: criminal justice system

Most participants over-whelmingly did not report their rape (or were not believed when they told someone. However, twelve participants in the study had contact with the Police force after their rape; two of these were contacts with the force in the area they were raped which was not their local force. One participant who did have Police contact was in an assessment centre in another county, providing respite time for her mother who usually provided her personal care but who was having an operation herself at that time. These crisis provisions out of area speak to a wider problem of lack of preventative, planned community provisions nearer to home or at home or planned personal care support for disabled and Deaf women; this lack of provision directly put both these participants in isolated institutions where they were raped. The recommendations in chapter seven of the thesis have regard for

overcoming this barrier. Access to consistent reporting procedures and support may be a particular problem for disabled and Deaf women who are placed with out-of-area specialist services. There was recognition from the Social Care Institute for Excellence (SCIE) that there should be an end to out of area placements, at least in relation to people with the label of learning difficulty (Emerson & Robertson, 2008), yet in 2008 there were still at least 11,000 people with the label of learning difficulty still in out of area placements in England. After the Winterbourne View Serious Case Review (Flynn, 2011) social care and health policy stated that out of area placements are not best practice (NHS Operating Framework, 2011). Nevertheless in this study, two participants who had contact with the Police were raped in institutional specialist services out-of-area after the 2008 guidance had been published. Three other participants were raped in out-of-area institutions before 2008 but none of these disabled women had contact with the Police after their rape.

A participant shared with the group how one Police officer in Cleveland appeared to justify her decision to not take the case further for investigation after she had been discharged from the Sexual Assault Referral Centre, with concern apparently predicated on the stigma of the victim's prior mental health service use:

Charlotte: I was a bit worried when the Police wouldn't do anything because of my, [pauses] you know, [voice quietens] Section. I'm not proud of it. But the police woman said it was for my own good cos – you know – going to Court is awful and she didn't think I'd go through it and come out of the other end. She goes to me, it brings it all back and all, it's better not, like with me being psychy and that.

In terms of attitudinal barriers, in locating the disabled person as the problem, the police officer in this case arguably either demonstrated a *disablist attitude* (however unintentionally), recognized *disablism* in judiciary or jury attitudes or recognized the harm of giving evidence in rape cases, thus not advising the disabled person to pursue a conviction of the rapist. Maynard (2009) held that the construction of vulnerability reduces the severity of the offence and *disguises the disablist motivation in hate crime*. The reinforced shame that Charlotte demonstrated about her historic section under the Mental Health Act, was clear in her recounting the conversation with the Police Officer; Reeve (2008) may well recognize this as the effects of *psycho-emotional disablism* (Thomas, 2004). At best, the reaction of the police officer might demonstrate an incorrect positioning of the vulnerability onto the victim, rather than ensuring the police service, Courts and Witness Service tackle their own barriers to justice with disabled people. In procedural terms alone the advice was incorrect; the decision whether to press charges and have the victim appear rests with the Crown Prosecution Service in England and Wales, not the Police. However, unlike two thirds of the 61 cases examined in the Criminal Justice Joint (CJJ), 2014), the officer in this case had been told that Charlotte was disabled and Charlotte had identified her rape as a *disability hate crime*. In addition, Charlotte had forensic evidence taken in the SARC, so the decision not to pass the file to the CPS was a missed opportunity. Only four of the *disablist hate rapes* disclosed or discussed by women in the groups were perpetrated by a man she did not know before the attack. Police investigation when the victim cannot recognize their attacker is addressed in the Behavioural Investigation Advice procedures for rape

and other serious assaults in the UK, which sets out how Police can investigate and prioritise information about potential suspects (Alison et al., 2010).

Guidance to officers states that Police should collect evidence then pass the file to the Crown Prosecution Service who will decide whether to proceed with a case (CJJI, 2013). When, much later, the participant did feel she could advocate for herself after she became aware of her rights (through a local organisation of disabled people), she was told it was too late.

Charlotte: And when – well nobody said nothing about them special measures, even. So, it was nearly four year after the thing, when - when I heard about what can do, so I found out about the things they could do to help. I rang the number, but the copper said it had been too long to do anything.

This is in direct contradiction to the focus on prosecuting historic rapes seriously in the criminal justice system today (CPS, 2013). This may indicate that, whilst 1.47% of all rapes in England and Wales, or 7% of those reported to the Police (ONS, 2013, Ministry of Justice, 2013) result in a conviction, the possibility of justice for women at the intersection of disability and rape, may be even smaller. The poor take-up, provision and quality of adjustments to the standard inaccessible and adversarial Court process has also been evaluated and critiqued by criminologists. The so-called, 'Special measures' are designed to help so-called vulnerable victims and witnesses give their best evidence (Hamlyn et al., 2004) but researchers found these measures were accessed in only 6-12% of cases where victims and witnesses were eligible

(Burton et al., 2006). When the measures are provided, still do not change the inherently adversarial nature of legal process, which may be one of the most significant barriers for so-called, 'vulnerable victims' seeking justice. For disabled activists, the notion of special services is in direct conflict to the concept that barriers should be removed in the design of mainstream services.

The injustice and the lack of information caused frustration for another participant who is a campaigning feminist who became a disabled woman as a result of rape.

Ivy: That's f***ing pathetic, pet. It's only a crime if you tell them quick is it and you know what you are doing? How are we supposed to know what we can get, like? I know, I've been raped. Let's go and get leaflets about me rights. B*****s you do!

There was a significant variation in the quality of information, service and assistance given by the forces; eight participants reported that Cumbria and Northumbria were the most helpful Police forces after disabled hate rape. This contrasted with the experience in Cleveland.

Lynn: The p*gs didn't get mine put away neither. They give you all the talk about [objecting to] bail and they cannot come within 250 yards of you and all this, without the Police coming [to arrest] but he just thought that was a game. It made it worse.

Another participant appeared unimpressed with Police skills in risk assessment:

Brenda: You should have them do that risk assessment, pet. He [the Police

officer] goes: "You are medium risk".

Susie: Risk of what?

Ivy: The b***er coming back for more [laughs].

Brenda: Aye, but the funny bit – he asks all these questions – he's got his..er.. list [laughs and gestures to mimic a condescending tick on a sheet]. Nothing about my chair! Nothing about I need help getting up off the loo and that's what it started with. I can't ken [know] he missed this [rattles the chair arm and laughs].

This lack of confidence in discussing disability with disabled people was also recognized as a significant barrier to justice after disabled hate crime by the CJJI (2013). The lack of consistency across areas in the North of England and the requirement on the victim to advocate for their own rights to justice post-rape could be problematic for victims. Rape victims can expect to be distressed after the attack if they are conscious, but this may be exacerbated for women who are unsure about their rights and the intricacies of different police procedures in different force areas, particularly when they were raped out-of-area or were taken to a SARC in a different area after the attack. As a result of these findings, the Police and Crime Commissioners in the North East have committed to work together to improve standards across the forces in terms of both rape and disabled hate crime.

Charlotte's concern that the perpetrator who raped her may rape another disabled woman if he was not caught, was shared by sixty one participants who worried about

the risk of re-victimisation of them or disablist rape of other disabled women, if the perpetrator was not apprehended.

Linda: Everybody knows what happened in [name of village]. He's been sayin' around. And you feel dirty. Then yer think well will some b****r else think they can do that as well.

Susie: Do that to who?

Linda: Why aye [yes], to me but.. [pauses] it.. you know, to another lass. The sort that goes to a group like me as well.

This fear seemed to be felt more widely in the targeted group (sixty one disabled and Deaf women in the study) than simply with the four victims themselves who did not know their attackers.

Kirsty: I see a lady on crutches and I think has it happened to you as well.

Eleanor: It's a worry because you wonder if it has happened to younger people who went there [the institution] after you but it's not polite to ask.

This fear is commensurate with the concept of "Message crimes" (Iganski, 2008) but it may be the first time it is definitively demonstrated in the literature around disablist hate crime and rape, especially from the voices of disabled women themselves.

Jane: I'm careful not to upset a man or smile at him if he's at work, incase.

You hear about it and think it will be you next.

One of the methods by which the fear of future victimization by the same

perpetrator might be alleviated was through the POVA and List 99 Schemes, now replaced by the Vetting and Barring Scheme. In the academic, legal and social work literature most of the analysis of the workings of the POVA Scheme has been statistical analysis with regard to the impact on barred workers. Researchers found that only 6% of referrals to the barred list were on the basis of sexual assault (Hussein et al., 2009a) which does suggest under-representation of use of the scheme in this area, and that physical violence was found to be much more likely in institutional care homes (Hussein et al., 2009b). However, it has been impossible to find any published studies which have included the experiences of disabled people (the so-called, 'Vulnerable adults') who have been subjects of these interventions. One of the participants in this study did have the worker who raped her regularly placed on the POVA list but did not seem comforted by the process.

Kathleen: Aye, mine got barred. Didn't make me feel any better. They don't.. they just want it done. They sacked him. I don't know if he still lives in [name of the town where the home is based].

Susie: So, did you get support?

Kathleen: (Laughs) Heck no, pet.

With or without conviction or barring from social care provision, victim claims to state agencies for services to meet their needs after crime have nevertheless increased provision over the last half century in England and Wales (Mawby & Walklate, 2002). This has been resourced substantively by Government and local authorities; in 2011 Victim Support enjoyed £57.8m income and held another £20.5

million in reserves. This national organisation is part of the Criminal Justice System and provides counselling by volunteers, as well as the Witness Service supporting victims and witnesses attending Court. None of the evaluations commissioned by Victim Support themselves disaggregate their findings by the experiences of disabled and non-disabled people and the Witness Service itself was not evaluated as part of the Criminal Justice Joint Inspection into Disability Hate Crime (2013). However, research already identified failure to serve a disabled victim (Simmonds, 2009) and older studies reported a focus of Victim Support's work around supporting victims of burglary, rather than more serious interpersonal crime (Tarlung & Davison, 2000). This may be in part the result of victims of crime having to report to the Police in order to receive a crime number for their insurance claims (Goudriaan et al., 2006). One independent and compelling evaluation found that the most effective element of Victim Support's role, rather than meeting the needs of victims, is in improving perceptions of trust in the Criminal Justice System as a whole (Bradford, 2011). It was rather surprising that only three (from eight-two disabled or Deaf victims or Survivors in this study) had contact with Victim Support in relation to the disabled hate they experienced, given that it is the most resourced, main national victim agency. The usual route to Victim Support support is by referral from the Police, within two days of the report. As the literature review in chapter two and the pilots for this project demonstrated, few disabled people report to the Police and disabled people have lower confidence than other victims in the outcome of any report. **One** participant in this study had received a leaflet and telephone call from Victim Support after being referred by a Police officer at the Sexual Assault Referral Centre.

Janice: They rang to make an appointment for me – that was all right. Then I asked about access. He asked me why and I said, 'I'm in a wheelchair.' He said the offices were old and that I wouldn't be able to get upstairs to the room they use. But he said a lady would come round and see me. I didn't want a strange man to know where I lived so I put the phone down. Nobody rang back.

It was perhaps not the most gender-competent offer of post-rape support that a man from Victim Support telephoned the victim in this instance and did not at least offer a call by a woman before he engaged the victim in conversation. This may point to the lack of specialization in Victim Support services, also found by Simmonds (2009).

One participant in another focus group recognized how local volunteers visiting a house after an attack may be added risk for disabled women in terms of escalation. This was seen as a particular risk in close-knit villages and if the abuser lives with the victim or provides their support.

Iris: Are they potty? You'd be in for a bigger beating if someone knows who they are – this is a small place.

Similarly, another focus group (in Barrow, Cumbria) discussed the problems of visiting a disabled person who lives in a segregated institution where she has been raped, as residential organisations log all visitors and perpetrators who are staff members will see these records during shift handover. Victim Support's website does state that they will not visit the home of a victim if that would put someone at further risk in terms of rape, but the intersection of rape and lack of easy access to

Victim Support services for a disabled woman appeared in this case to compromise this in practice. The pilot for this fieldwork had already found that there is no register of accessible Victim Support facilities (Balderston & Roebuck, 2010). Several participants in the Teesside focus group discussed how difficult it was for them post-attack to advocate for their own access requirements in a coherent way; they discussed how services after rape needed to be more effortlessly accessible than access in other areas of their lives. Participant discussion in three focus groups also thought that the Victim Support home visit policy was not as reasonable an adjustment with disabled women after hate crime as it may be for mainstream organisations not serving crime victims specifically. One participant thought it had delayed her recovery to leaving the house.

Charlotte: For, maybe, for about – well it lasted past Christmas, it would be the February when I went out first, so (pauses) maybes a year and half nearly? The Victim Support lady said she'd come round, so I didn't even have to go out there. I think she should've made me go and said you know, 'You have to come out to see me.'

A housing officer had referred another participant to Victim Support after she reported escalating disablist harassment by her neighbour, but did not report the issue to the Police. This service was accessed four months before the hate incidents had escalated into a serious sexual group attack; this may have been the sort of missed opportunity to intervene described in the Serious Case Review of Gemma Hayter's murder (McAteer, 2011). Neither of the two disabled women in our study who had used Victim Support services reported accessible, safe, dignified support.

One participant volunteered there after meeting the agency during the pilot project.

Another participant asked,

Andrea: Do they know about hate crime? If I have to speak to them I want to know they know what I've been through.

Once someone has been referred to Victim Support, they are often offered 'target hardening' (for example, the fitting of locks, cameras or alarms after domestic violence or burglary). This is seen to be an effective way of providing evidence to the Police of attacks and is designed to make the occupants of a house feel safer. International evidence disputes the value of this intervention (Hope, 2008, Casey et al., 2004) and some criminologists are suspicious of new commercial technologies promoting themselves for use after crime (Radford & Gill, 2006). Even Victim Support's own UK evaluation of target hardening (2005) does not demonstrate that it reduced victim anxiety after attacks or improved their outcomes. Although it may seem 'natural' for a victim to want to secure the property after burglary, safety-seeking behaviour such as this can result in negative feelings and thoughts becoming more persistent, as discussed in chapter two of the thesis. Only one Deaf and a disabled woman in the study had cameras installed in their home after escalating hate attacks and one was pleased that the equipment was provided free of charge. However, both found themselves checking the cameras regularly and other focus group members felt this was unhelpful.

Gemma: At the bottom of the stairs every night before bed. I saw the monitor screen. I got to thought that there would be a man outside. He would be waiting to see the lights go off.

Doris: Blimey pet were you not scaring yourself before bed?

Gemma: I suppose. But then right enough it was October. The Victim Support lady came back because there was four lads throwing mud at my window downstairs at the front. She says Police couldn't see the camera until later. I thought they were linked up to the control. So if a man had come the monitor and the camera could not have helped me.

Doris: What a waste of money!

Gemma. Yes. Then she said the Police couldn't use the tape in Court anyway. So I stopped charging it up there and then.

Doris: I don't blame you pet. You are doing well.

In addition, mainstream providers may find it difficult to understand how disabled people may be differently affected by body image issues (particularly after rape or abuse).

Sam: I felt sick everytime I had to look at my bag after the operation and it reminded me for years what he had done when I went to the loo. I used to think I'd never have sex again and I didn't want that to be my last time. The counselling woman didn't understand she said it didn't matter but it did.

However, it may not only be disabled people after hate crime that volunteer counselling after violent crime may not assist. In the first large scale, randomised-control trial of its type with victims after violent crime in the UK, Rose et al. (1999) found that there was no significant effect of de-briefing or being educated about the

effects of trauma, on the victims' symptoms when they were followed up. This is consistent with the findings of Kilpatrick & Resnick (1993) and may lead some analysts to wonder whether the role of independent evaluation evidence-based practice could be expanded in victim services in the UK today. The individualised victim services approach may lead some victims to gain a sense of empowerment (particularly after burglary), but there is little evidence in the UK that they actually demonstrate outcomes which may be linked to being empowered (for example, improving resources, employment or being safer (Riger, 1993) in the longer term, or with hate crime victims. These data show several persistent barriers for disabled and Deaf victims in England and Wales which are frequently experienced in the standard criminal justice system services, particularly after disablist hate rape. Hence, disabled and Deaf people are unsurprisingly therefore largely invisible, either as providers or users of the services.

4.5 Barriers in social care: the construction of vulnerability

For many years, the inherent vulnerability of a disabled person was the default assumption of mental health and social care law in the UK. Academically and in social movements, the categorical object of, 'vulnerability' (predominant in UK mental capacity and social work law concerned with groups of disabled adults and abused or neglected children) has been attacked for many years. Feminisms particularly contested constructions of poor, passive women inherently vulnerable to domestic violence and rape. Instead, feminists reworked analysis so that raped (and un-rapeable) women are recognised as vulnerable to the violences of patriarchy

(Brownmiller, 1975, Johnson, 2005), gendered racism (Collins, 2004), colonialism and experts wielding power (Parpart, 1995) and the effects of class position (Anderson & Doherty, 2008). Particularly relevant to the discussions in this chapter of disabled women raped in psychiatric units and not believed about their attacks because of their diagnosis label, is the construction of exposure to harm through challenges to one's capacity and integrity, in psycho-social contexts (Albertson Fineman, 2008). In the disabled people's movement, too, constructions which result in policy locating disabled people as inherently, 'Vulnerable' have long been contested by disabled people who rejected the image of themselves as passive recipients of care, in need of protection (Finklestein, 1981). Disabled activists, academics and our allies recently questioned the damaging, patronising and paternalistic use of vulnerability as a label in social care and criminal justice policy (Hollomotz, 2011, Roulstone et al., 2011, Roulstone & Sadique, 2012). The move to recognising situational risk, rather than vulnerability, has long since been fought for by feminists and disabled people. It is imported this year into social care legislation from the Domestic Violence, Crime and Victims Act 2004, which previously defined a vulnerable adult:

"Whose ability to protect himself (sic) from violence, abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise".

The move from inherent vulnerability of a disabled adult to recognize the situational risk of unsafe services was possibly influenced by some important Mental Capacity Act (2005) rulings, as Dunn et al. (2008) outlined. 'Vulnerable adults' was recommended to be replaced with, 'Adults at risk of substantial harm' in the Social Care Law Review (Law Commission, 2011, p113). Lords Amendments were

accordingly made to the Protection of Freedoms Act which received Royal Assent in May 2012. This has adopted the revised locations of risk and situational vulnerability, particularly in relation to violence, abuse and neglect, echoing protections in laws designed to tackle domestic violence. The Act adapted the definition in the Safeguarding Vulnerable Groups Act to:

“No longer define an adult as permanently vulnerable and .. instead emphasise that an adult is vulnerable at the time they are being provided with ...a.. regulated activity, (such as health or social care) and will instead focus on the person providing the regulated activity” (2006, p55/1).

This legislation change recognizes the barriers identified by some participants in this study, who mentioned the situational vulnerability caused by relying on scarce accessible housing and valuable adaptations.

Brenda: Aye, you cannot just b****r off somewhere else to get away from him. It's taken fifteen year to get my shower downstair off the Council so I'm damned if I'm flittin' off from home [laughs].

The recognition of situational vulnerability is consistent with feminist arguments that rape is not about the vulnerability of a woman but the risk of the situation and the motivation of the attacker. Situational risk construction has long since been recommended as a useful framing for considering violence against disabled people (cf. Crossmaker, 1991). But the adoption of situational vulnerability in the context of austerity discourses may also be a further attempt to roll back coverage of people entitled to state support as Brown (2012) has asserted. It may equally be eroding on

the powers devolved into Mental Capacity Act from the Human Rights Act, upon which the Coalition Government issue regular attacks. The new section 63G(2)(a) of the Police and Criminal Evidence Act 1984 (PACE) is similarly amended to align with the updated definition which recognizes situational, rather than intrinsic, vulnerability. This change in definition is hard won and may, perhaps, be cautiously welcomed by some. However welcome this recognition of the risk of institutional violence is, the new definition still does not take into account the person's own capacity or her wish to not receive a regulated activity.

Yvette: I didn't ask to be put in there. I was happy in my little flat but they said I had to be assessed and go away to be.

Another significant barrier to effective interventions with disabled women after hate crime, rape or domestic violence, which permeates across criminal justice, health and social care services, is the problem of a diagnosis-led approach. As Scott explains, pressurised staff may ask "What's wrong with this woman?" rather than, "What has happened to this woman?" (2004, p256). This is prevalent, not only in context of Scott's research in prisons, but in mental health, experience of crime is rarely part of initial or Care Programme Approach (CPA) assessment. Nor is experience of crime victimization assessed in some criminal justice services, where awareness of autism and Asperger's Syndrome is now promoted (Browning & Caulfield, 2011), puzzlingly different to thirty years of social model theory and practice.

The gap between academic theorizing and the grounded experience of victims of crime from minority communities in the area of criminology also extends to notions

of vulnerability, despite the recent changes in legislation. Contemporary theoretical academic discussions contest the very recognition of identity groupings which won rights and protections, specifically in relation to hate crime law (Piggott, 2011). Academics have even tried to re-assert vulnerability as a preferable category in hate crime law (Chakraborti & Garland, 2012), which they promote as useful to extend and replace hard-fought-for recognition of racist, religiously-aggravated, homophobic and disabled motivation in hate crimes. But none of these recent critiques are grounded in research work with victims and Survivors (or perpetrators, or services working with either or both groups) themselves. Hence, they do not take into account the subjective experience of being categorised as vulnerable (and the effects and restrictions that then places on the individual as a result). Dunn et al. (2008, p247) stated that “What is missing in both inherent and situational accounts of vulnerability is the ‘vulnerable adult’s’ voice itself” and cautioned that without it, any interventions may be disempowering and resulting in interventions not to prevent risk, but only address it after the action. Instead, the data from my thesis critiques the legitimacy, usefulness and outcomes of the academic assertions of vulnerability, using early findings from contemporary grounded research (Charmaz, 2009). In doing so, this study follows the grounded frameworks provided by Perry (2003a) and Iganski (2008), which may be more akin to social model principles (in contrast to the outcomes of academic post-structuralist responses and the promotion of vulnerability in policy and Law), to promote social justice.

The findings of this chapter taken together may be considered as useful examples of what Albertson Fineman refers to as ‘etic’ or ‘emic’ vulnerability (2008, p245). These

'etic' risks to vulnerability are described by participants who discussed risks they felt were located in place and space. For disabled women like Brenda after disabled hate crime and rape, vulnerability was attached to staying in the same place, but moving house may be difficult for disabled victims, due to difficulty and prohibitive cost of replacing expensive and rare adaptations to the property. More importantly, more than one of these women experienced sexual assaults and disabled hate crime in private spaces, at home. These two focus group findings reflect those of Hunter et al. (2007) and Scope in the same year; the latter found that one quarter of attacks on mental health service users took place at home. In addition, the fear created by an attacker knowing a disabled victim's routine and receiving a non-custodial sentence, or being bailed, is much more difficult for a disabled person to avoid than another, non-disabled victim, perhaps, without a reliance on complex care plans, agency staff rotas and an utter invisibility of safety and security in support plans.

This muddles the construction of hate crime as a public space problem and for disabled women who fear further attacks, having to remain in the same house may be the only option and having a perpetrator whose attacks were linked to toileting tasks, makes assistance in very private spaces an enduring terror in the aftermath. Albertson Fineman's (2008) 'Emic' vulnerability may also be seen more classically in connection with oppression from service providers and professionals, with care workers and through Police officer attitudes. For example, Young (1990) may well recognise marginalisation and perceived oppressive powerlessness in Charlotte being convinced that a failure to prosecute would be in her best interests, but this hint that Charlotte's mental health service history means she does not have the agency and

integrity to give evidence is assumed, without access to due process or support to enable her to give evidence, or make an informed choice for herself about whether she wanted to do this. It is interesting how the classic Force misogyny (woman as hysterical and weak) at play in the example Charlotte shared may have been taken up and reproduced by a female Police officer; her actions may also be reminiscent of Finkelstein's (1980), 'Hegemony of care'. Similarly, Brenda's receipt of a risk assessment was made to be passive and took no account of her wishes or access requirements, involving a risk she perceived about abuse by a personal assistant also, in Brenda's view, exposed her to further harm, in another example of 'Emic,' vulnerability. The effects of these incidents should not be surprising, as in the same Northumbria Police force area as these two focus groups were conducted, Hester et al. found in 2003 that structural inequality was demonstrable; from 869 domestic violence incidents recorded by the Police, the attrition to arrest, prosecution and sentencing was so high that only 4 perpetrators were given custodial sentences (Hester et al., 2003, p4). Regrettably, this research has not yet been repeated, after attempts at policy improvements, to show if there is any difference, but it is a poignant example of how seriously personal crimes against women are taken in the area. In terms of reducing vulnerability to her case being dropped, Charlotte's practical recommendation that information about special measures be given to all victims after an assault may be a very useful one, especially where someone has a hidden impairment, but the pervasiveness of marginalisation of victims in justice is a more pervasive problem to be tackled in *how* services are delivered. The ideological way in which the risk assessment operated to control Brenda's own agency and the way in which Charlotte was denied a chance to seek justice, reflect the perception of

innate vulnerability can similarly be seen in presumptions of the Police officers in these examples from the focus groups. The officers involved may be seen (either intentionally or unintentionally) to divert attention from the social oppression of a group with the use of practical devices employed in the ideology of control (Kitzinger, 1997). So, as Kitzinger explains, individual officers of the state find it easier to administer these processes, rather than work for socio-political change, although in the examples given, the thought of invoking emancipatory policing, in the way that we do with social work, may be more challenging!

More disquieting, perhaps, are problems which arise from what Albertson Fineman (2008) terms 'Emic' vulnerability, which she locates as exposure to harm through challenges to one's capacity and integrity, in psycho-social contexts. For example, in a small rural village, fear of seeing family members of the perpetrator may exacerbate the problem of being seen as vulnerable and inhibit women accessing their usual networks of support, as Ivy discussed, or gaining safety and confidence in people the attacker knew, who are still providing staff roles in the disabled person's life, as Linda eloquently described. The 'spoiling' of a raped woman's identity and the marginalisation attached to it (Joffe, 1999, p47), linked to the message from the hate crime that as a disabled woman she is at risk of attack and intimidation again, including by other people linked to the perpetrator (rather than the perpetrator being shamed).

These perceived stigmas may also be reminiscent perhaps of Putnam's (2000) notion of too much social capital in small communities, which will be discussed in the next

chapter. The discussion of stigma and fear about being seen after the attack also identified in terms of vulnerability after the attack. This is commensurate with research that found women are more likely to experience fear, alcohol use and panic after sexual violence. The Romito & Grassi study also found that:

“For women exposed to four or five types of violence.. the risk of symptoms of depression went up by a factor of more than 10 and of evaluating negatively their health by 4.59”(2007, p1228).

However, from a social model perspective, positioning disabled people as victimized and depressed is itself a barrier; this construction reinforces the very stereotypes that participants identify as increasing their risk of being subjects of hate crime.

Conversely, this thesis focusses on analysing the oppressions and understanding how those inequalities may best be addressed. The participants have reclaimed agency to speak up and identify the disabling positions they have experienced. In many cases, they now resist oppression by self-organising for recognition, justice and improved rights to safety (Warshaw, 1998, Fierce-Baker, 1998, West, 1999). In a medical model, this might be recovery. But the binaries of pathology and recovery are too simplistic; in order to sidestep the risk of anecdotalism and ethically reflect the range of inequalities and experiences of all the participants, a more nuanced model is sought.

4.6 Situating Disablist Hate Rape: The Continuum of Violence

The emerging data from the study have so far compellingly illuminated the inequalities and barriers experienced by disabled women who are victims and Survivors after disablist hate rape.

However, the binary comparisons between pathology or recovery and safety or rape are insufficient to reflect the range of experiences of the participants in this study. Nor do they expose the patterns which legitimize disablist oppression through the body politics (Ahmadt, 2004) of hate – in this case, disablist hate rape - sometimes in some places and not under other conditions. As Stanko acknowledged:

“Women’s lives rest upon a continuum of unsafety. This does not mean that all women occupy the same position in relation to safety and violence. Many other features of their lives...will mean that their circumstances differ. ..Learning the strategies for survival is a continuous lesson about what it means to be female”(Stanko, 1990, p85).

Thus, building from a standpoint to conceptualise the shifting and particular risks of disablist hate rape against disabled women, Kelly’s (1988) Continuum of Violence is useful here. This model has thematic relevance; it was famously the first feminist model to map women’s own reported experiences of sexual violence. The parallels for invoking the model in this study, sixteen years later still remain; both studies resist psychiatric, medical models of distress. Importantly, Kelly’s interviewees, like the participants in the current study had experiences who understood their sexual

violence was only as a singular rape incident, but as being on a continuum of oppressive rape surrounded by other acts which either escalated to or from, other psychological, physical and sexual violence against them. Kelly placed rape in women's lives in context; this study seeks to build on knowledge since, but still take similar steps to contextualize the risks and barriers facing disabled or Deaf women today after disablist hate rape. Usefully, Kelly's Continuum of Violence model is non-hierarchical, so it allows the representation of a range elements at different and concurrent times, though the visual representation does not represent the weighting of risk factors.

The factors shown could be present alone in escalating attacks or exist as mutually reinforcing (Hollomotz, 2012, p490) in relation to the rape(s) by the perpetrators. In an email discussion during this study, I recommended this to my colleague Dr. Andrea Hollomotz who was searching for a feminist model on which to hang a sociological explanation of the violence against disabled people (email correspondence, 2010). However, the continuum developed here (Figure One) is an original contribution; it specifically maps the experiences of participants in this study by analysis codings, in relation to their experiences of disablist hate rape and updates Kelly's original model. Eleven of the victims disclosed attacks which occurred in segregated residential institutions, perpetrated by staff members. Four attacks were in victim's homes, perpetrated by family members. Two of the attacks were in public spaces with multiple perpetrators. Overwhelmingly, most of the women knew their attackers.

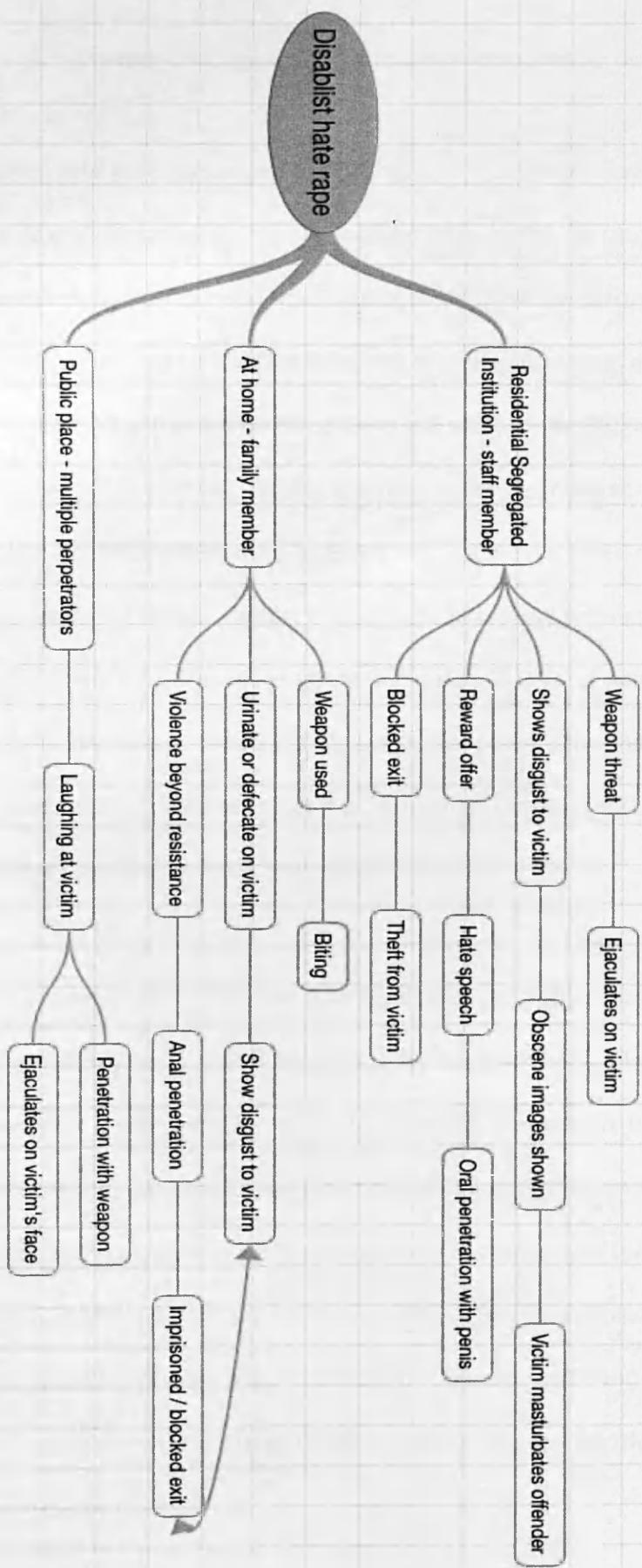


Figure One: Continuum of Disabilist Hate Rape Characteristics

4.7 Chapter Conclusion: A Continuum of Risks and Barriers

The reported data have illuminated compellingly the location of disabled victims and Survivors, who were participants in the first two focus groups, as situationally at risk most pervasively by staff in institutional settings. Where it was discussed, the man who perpetrated the rape was overwhelmingly known to the victim or Survivor. Over three quarters of women in this study who disclosed information about the rape itself knew their attacker. Within this group of nineteen women, just over half of the rape perpetrators were male 'care' workers in the segregated residential institution where they lived. Whilst not generalizable, these findings demonstrate a significantly different perpetration pattern to the risks of rape for non-disabled women than in the Walker model (1979), but are not outwith the findings about other violence against disabled people, for example by Crossmaker (1991), Saxton (2001), Sobsey (2006) and Nosek et al. (2001).

Originally, the data from the focus groups analysed in this chapter has originally established that hate rape against disabled women is characterized by sexual extortion, rather than hypersexual offending patterns, as Sherry (2010) observed from media reports. These data from the nine focus groups also contradict ungrounded academic assertions that vulnerability and a denial of the disability identity are useful in promoting social justice. The chapter has argued that contemporary policy developments in social work, mental health and criminal justice sectors can assist by eroding constructions of vulnerability and invoking situational risk more usefully.

This chapter has shown that situational vulnerability to oppression is imposed not only on victims' in their subject positions by the perpetrator during the attacks. It continues afterwards (and in some cases still to date, many years after the initial rapes and sexual assaults) with the woman not having control of resources used for her support and the actions and failures of agencies such as the Police, institution service providers and social services departments (cf. Sin et al., 2011). However, casting disabled women as victims can reinforce unhelpful stereotypes of disabled people, as Shakespeare (2014) has identified. In using the Continuum of Violence model on which to paint the situational risks and characteristics of disabled hate rape, rather than pathologising the victim or representing impairment specific concerns, this chapter has sidestepped this pitfall. In relation to hate crime, Perry (2003b) also recognised the pressing research need to explore the most effective modes of resistance employed by victims of hate crime.

So, the next analysis will move the thesis originally through intersectional sites of structural oppression beyond sexism and disablism. It will in turn explore the macro-system of institutional control of disabled women and the micro-system positionalities and identities that women inhabit in their struggle for survival after disabled hate rape, using intersectional perspectives.

5. Surviving Disablist Hate Rape: Intersectionalities

The preceding chapter has established the institutional risks correlated with disablist hate rape and exposed barriers to safe, dignified and effective criminal justice system and social care interventions. Having adapted and updated Kelly's (1988) Continuum of Violence, the thesis now moves to analyse the nuances of the positions diverse women inhabit; rape as violence against women is not the whole story.

In 1984, hooks fundamentally challenged that gender may be the dominant factor in women's oppression. Crenshaw then importantly critiqued the "Strategic silences" (1991, p1253) and omissions of the experiences of women of colour in research, services and feminist activisms. Inequalities were exposed within second wave feminisms; all women did not share the same characteristics and experience social inequalities in the same way across the globe, just because we all had wombs. Intersectional analysis was named, but not new; for example, in 1851, Sojourner Truth delivered the "Ain't I A Woman?" speech in Ohio; she famously exposed the intersection of sexism and racism against African-American women. This was fifty two years before the seminal work by Du Bois (1903). But, after Crenshaw's paper, an anti-essentialist project reshaping the violence against women field emerged and with it, diverse voices of women who had been previously invisible emerged. In the last twenty five years, third wave feminisms have again illuminated compounded oppression and violence experienced by Black, Asian and Minority Ethnic women (Crenshaw, 1989); as Collins (2000) recognized, this was also a fundamental challenge to the widespread homogenisation of gender in race studies and critical

race feminism as a field was born. It is now instructive to, 'read in' analysis (Collins, 2000) of the complex influences and workings of structural sites of inequality (including, but not dominated by sexism). This move to intersectional analysis has been held to be no less than "The most important theoretical contribution women's studies has made so far" (McCall, 2005, p1771).

Intersectionality is also emerging as significant in studies of hate crime, which often focus on violence interlinked with inequality. For example, Perry acknowledged that little was known about how the interaction of prejudice changes the experiences of hate crime for gay men of colour, as "Outsiders on both axes" of racial identity and gender (Perry, 2001, p129), or Black LGB and T people with regard to racism and homophobia (Perry, 2003b). This thesis has already exposed some elements in disablist hate rape which take a different form differently compared to the experiences of non-disabled and non-Deaf women, or disabled men. Using intersectional analysis, this chapter will further explore how some of the participants in this study discussed the structural and cultural sites of oppression. This is not only original in terms of the data and this study, but also writes into the analysis the voices of Lesbian and Bi-Sexual and Trans disabled women, Sylheti speaking disabled women and Deaf women into the disablist hate crime literature for the first time. In doing so, it will problematize simple constructions of gender and disability. These intersectional frames may be particularly helpful in terms of materiality (including poverty and class) and will consider how the intersections in the matrix of state services Police forces, charities and the family uphold existing hegemonic social orders. Whilst there are many definitions of intersectionality, the framework chosen

here to consider life after disabledist hate rape is commensurate with Staunæs use of intersectionality in:

“Tracing how certain people seem to get positioned as not only different but also troublesome and, in some instances, marginalized”(2003, p101).

In this way, powerful actors may be seen to legitimize the hate crime and “Constrain the agency”(Farmer et al., 2006) of diverse disabled women.

But Hancock (2007) argues that categories are not fixed, so the data in this chapter will illuminate whether, and in what ways, intersectionality makes the experience of hate rape particularly flowing and shifting. Particularly, this chapter will explore the unexpected criminalisation of the ‘Other’ as well as the roles ethnicity, homophobia and transphobia at play in diverse women’s experiences after hate rape.

5.1 Intersectionalities with disabledist hate rape: Materiality, poverty and class

Given the importance of intersectionality in the evolving field of hate crime studies, it is valid, for the first time to originally bring this intersectional framework into analysis of data from Deaf and disabled participants with experiences of hate crime involving rape. Some authors have already explored how ethnicity, religion, gender and domestic violence (Gill, 2004, Thiara & Gill, 2010) are experienced simultaneously (Collins, 2000) and have latterly written some disabled women into their analysis of domestic violence (Hague et al., 2011). However important, these texts still miss some of the intersectional frameworks experienced by disabled or

Deaf women in this study; women who experience hate crime involving rape at the hands of people other than their partner are still rendered rare, invisible or deliberately excluded from research with an intersectional lens. Studies about violence against disabled people tend to miss the intersectionalities which are present within the experiences of disabled women or disabled lesbians, often painting disabled people as a homogeneous group, as identified by Begum (1992).

So, it is useful here to first analyse the structural themes which intersected in the lives of the participants in this study after hate crime involving rape. Feminisms have critiqued for decades the importance of materialities in women's lives, such as the division of labour around caring and an unequal access to economic resources. In observing the materiality around which disabled women after hate crime involving rape are positioned, it might be possible to identify barriers to safety and security at the specific sites of risk in disabled women's lives.

As the previous chapter established, the most persistent barrier to safety after disablism hate crime involving rape was described by the participants who had experienced attacks in segregated residential institutions. Several participants described how power and threat of attacks were used to control their behaviour and reduce the choices they had. This included perpetrators having control over the time they got out of bed or went to bed, the food they ate, the clothes they wore, their opportunities for leisure activities and their contact with other residents, their families and people other than those people paid to be in their lives. But control of money and financial resources is perhaps the most challenging area of all of these

areas of control; there are scant policy recommendations about what control should mean in terms of support budgets and personal access to the state benefits of disabled people. In Scotland, social care guidelines expect that residents in institutions, who have the capacity to make their own choices, will have at least 10-20% of their income available to them (Scottish Executive, 2005), for items such as snacks, transport, activities in the community, clothing and other expenses (for example, family gifts and short breaks). Despite this invisibility in policy for England and Wales, participants in this study reported that the perpetrators of rape often controlled or stole their money, whether or not they were staff in institutions, the family or acquaintances. This is a significant difference compared to the literature on violence against non-disabled women, where financial control is much more strongly correlated with physical violence, rather than rape in both the USA and the UK (Acierno et al., 2010, Help the Aged, 2008). However, Acierno et al.'s (2010) statistics do appear to show that sexual assault and financial abuse are more correlated for women need assistance with daily activities; this is an overlooked finding, which indicates more research is required. In England, in the Mental Capacity Act (2005), financial abuse is acknowledged to be associated with risk of neglect and fraud, but not with physical or sexual abuse. Social Care Institute for Excellence (2011) also note individuals with problems including bereavement, vulnerability, impaired capacity and capability who may be subjects to financial abuse, but do not acknowledge the situational risks, including those of residential institutional segregation in relation to financial abuse. In residential settings, perpetrators of disablism hate rape in this study were reported to also withhold money strategically.

Vicki: They have a lock box for you in your room. But it's not easy to turn. So staff do it. He used to look in and say I didn't have enough to go to the shops or snooker on a Saturday. So they would take everybody else for hours and leave me there. My friend used to offer me money but I used to say it didn't matter. They'd think he was in the office but he used to come and see and take me to the sick bay and do it then.

The lack of oversight of the issues of financial control and financial abuse are concerning not only from this study, but have also been identified as a risk factor correlated with neglect, control and further abuse in several Serious Case Reviews (McAteer, 2011, Flynn, 2010, 2011, Lawson, 2013). Interestingly, one participant discussed how she was prevented from having money to keep her in the institution.

Kathleen: I used to run away. They said I couldn't have ten pences no more because I would get on a bus. They weren't wrong [laughs]. I used to run away anyway, but the pub opposite would ring and they would just come and get me.

Kathleen clearly had the capacity to know she did not want to remain in the institution, but financial control was one of the means that prevented her reaching safety. It was many years before the scandal of sexual and physical abuse in the institution came to light.

But financial control was not an isolated measure. All of the women who reported it also experienced power and control in other ways. When some women resisted and threatened to report the financial abuse or rape, other control measures ensued, which again seem particular to disabled women. The financial control seemed to include specific power assertions when external scrutiny or visits were expected. One of these measures of control at its most visceral was turning off speech software when visitors were present, rendering the woman literally voiceless. This may not appear at first glance to be a financial problem. But speech synthesisers with external buttons are much cheaper than their chin-pad controlled or voice activated equivalent. More structurally the college in which the woman was resident also employed the support worker who raped her, it was also run by the organisation which had control of her income from social care and the same organisation made recommendations for assessment of her equipment. In the area where she lived before moving there, there was no local authority or NHS Community Equipment Service to provide communication equipment which she needed. Had this participant been the same age but in higher education, she could have accessed the equipment through her own Disabled Students Allowance. The participant explained her problem accessing the equipment she wanted to the group in terms of the current economic crisis.

Alice: It's the recession. They couldn't afford the better one that I could work myself when I wanted.

However, financial control and the ability to afford equipment is a relative one. The charity which runs the residential college that Alice attends has over £100 million income and over £20million of reserves. With the equipment they sourced for her,

Alice still relies on personal carers to control her speech synthesiser so resources are mediated away from the control of a disabled person who has capacity to make decisions for herself; decisions about whether to speak, or not. In this case, organisational financial control worryingly supports a matrix of individual financial independence, rape, violence and exclusion. Alice was not alone in being dissuaded from reporting circumstances and risks.

Jane: When I joked about telling the inspector when they were coming, [name of resident] got really scared. She almost begged me not to.

Ellen: What for?

Jane: Because we were all scared to. In case it got worse. He threatened bottles on us. And one lady had lost everything over No More Secrets. They had told her family and they wanted nothing to do with her then. She was moved away. No one saw her again.

No Secrets, to which Jane refers, is the Department of Health (2000) policy which sets out statutory requirements and procedures to be implemented when violence against disabled people is suspected or reported. But the threat of shame and isolation, with the consequences of action resulting from disclosure, appear to be powerful tools which supported perpetrators in institutions; the improvements to policy to address this barrier will be returned to in the final chapter of the thesis.

Other women in the study experienced abuse by staff who not only stole money but also mis-used medication. One participant who had been raped in a psychiatric

institution was left without her medication for too long and, at other times, was over-medicated.

April: I used to see them coming and they'd say BZD time, hen. He could do anything once you'd had that jab – once I'd woke up stinking of come and sore. I'd wake up ages later and next bed would say the managers had been round. If I asked for it I never got. Then that made me more up tight. One time, I went to another ward with all sores and lumps from it [*cellulitis*] but they never asked why I had them – it was too much BZD I reckon, but you cannot prove nowt [nothing].

Three participants reported that over time, their resistance reduced and attacks (including further rapes) increased in severity or regularity in the institution.

Perpetrators who target disabled women for sexual and financial violence can find them easily in segregated settings. In addition, the culture in these institutions may support low-paid workers with poor conditions to perpetuate violence (Flynn & Citarella, 2012) on the continuum (Kelly, 1989) from neglect, to rough treatment and rape. This is not to excuse this sexual, physical and psychological violence on the grounds of low pay, but the problems of low-paid perpetrators should be taken account in the intersectional matrix of how abuse is perpetuated in terms of financial control.

One of the two patterns which was similar between women raped in institutions and women raped at home or in public places, was lack of control over financial resources. Secondly, the disabled women in the study were much more likely to

have been raped by someone they know than non-disabled women who experience rape. These two variables may be intersectionality linked; it seems that male partners may want to dehumanise or devalue the disabled woman because of their financial resources linked to their support requirements; in other words, financial abuse may be linked to hate crime against disabled people. This may occur when disabled people are perceived to have access to higher levels of benefits.

Ellen: He resented my DLA [Disability Living Allowance]. Even though he took all the money he didn't like that they [the welfare benefits] were in my name.

Another participant had been raped by her cousin, who was using the mobility component of her DLA in order to lease a car, to which she did not have access. Despite services recognizing a risk to her, the full extent of the rape and theft that was occurring was not uncovered.

Mel: I only found out about the car when the district nurse came round – she's lovely. She put the kettle on and then just in passing, said had I missed two bloods [*transfusions*] at the hospital. I said I couldn't afford a mini-cab. I was that poorly I couldn't get on the bus myself. She wondered why wasn't I getting taken in the car I had. First I knew that his new motor was me paying for it! I made something up about it being too low to get into and a hassle with my oxygen whatnots. She got me patient transport sorted but never asked again about nowt [nothing] else.

These missed chances to uncover neglect, rape and theft, even by the most caring practitioners, have also been noted in Serious Case Reviews after attacks escalated

into deaths and murders of disabled people (Flynn, 2011, McAteer, 2011). However, all of the women who discussed financial abuse in this study had capacity to make their own decisions. It would be too easy to take an isolated case such as Mel's experience and fuel a moral panic about control of benefits, as Manthorpe & Samsi (2013) may have recently done with regard to financial abuse against people with dementia. In that paper, conclusions that personal budgets were inherently risky and that family members should have a Police record check, seemed ungrounded on the evidence presented from only fifteen interviews with social workers, of which three were repeated interviews with the same practitioners. It is interesting that in a time of austerity and cuts, some academics promote further securitization and bureaucracy, which may well ultimately result in further restrictions the social contact and independent living of the disabled people concerned. Any correlation with recession, a hardening of attitudes and an increase in hate crime may be commensurate with Frost's (2008) economic threat theory. Given the current austerity rhetoric, further attempts to erode hard-won rights to welfare support and control are concerning. Conversely, the grounded data from the 82 women in this study emerges to show that greater control and citizenship can reduce isolation and risk of violence and theft linked to disabled hate rape. For example, Alice was placed in an expensive, segregated college away from home, to keep her safe from her step-father who was perceived to be (but not had been shown to be) a risk to her. However, this action by a benevolent female social worker put Alice into the way of worse and more sustained violence, control and rape in an institution, where she had less input into how her support needs were delivered.

For two participants, year-on-year reduction in social care support services since the 2010 coalition Government budget had placed them into the hands of the perpetrator. With the removal of statutory provision, independent support and personal assistance, women had to rely on their partners for personal care; they said this made the rapes more severe and escalating.

Ashanti: It was okay when he had a job and I had a bit job, two mornings.

Then the jobs went but I thought at least I can get disability [*benefits*].

Susie: Why did your work come to an end, do you think?

Ashanti: They closed the [disabled people's] project with the cuts [where Ashanti worked]. He used to deliver stuff about for the tourism thing, but they closed that as well.

Angela: Them Tories closed the bloody north if you ask me. They know no b****r votes for them up here so they knacked us.

Ashanti: Yes – lots of closed things. Then the bedroom tax came – we needed the space for my spare wheelchair and that and when my carers came when he was working away. Then he started doing me hard and slapping me about. It got worse because he was in all day.

Susie: And before the bedroom tax?

Ashanti: We was happy – well not great, but not horrible. I never needed the group before.

Ashanti's experience is not unique. On a macro level, the published cuts during the Government from 2010-2015 is planned at 7.2% of Gross Domestic Product, but over 21% of these cuts are taken from social security (HM Treasury, 2011). This translates

to £63.4 billion of cuts by 2015, but working age benefits, local government social care and housing account for over 35% of the cumulative cuts between them (Duffy, 2013). On a micro level, Duffy analyses that:

“Citizens in England will incur an average loss of income of £467 per person.

People in poverty will lose ...£2,195 per person per year..5 times more.

Disabled people will lose an average of £4,410 - this is 9 times more... People with severe disabilities will lose an average of £8,832 per person - this is 19 times more than the burden placed on most other citizens”(2013, p7).

Whilst Duffy's report is a campaigning one, it does highlight disproportionate inequalities in the effects of Government policy on disabled people. Further, as women constitute over 80% of social care service users, an intersectional analysis may show that women are likely to be disproportionately affected by these cuts. Thus disabled women's ability to be safe, act as citizens and live independently is jeopardized. Vicki's experience of being targeted and called a benefit scrounger whilst being attacked compounds this subject position; rhetoric surrounding austerity in England and Wales has been focused on fears about benefit fraud (Davies, 2012), which accounts for less than 0.5% of all disability benefits (Department of Work and Pensions, 2011). The irony is that even this figure constitutes fraud by non-disabled people who are falsely claiming to have impairments.

Turning from the economic literature to consider why these cuts might be correlated with violence against disabled women, we might examine the psychological

literature. Copel (2006) postulates that attack occurs when the stressor exceeds the partner's ability to cope. However, this seems to be uncomfortably near to victim-blaming, almost inferring that the disabled woman is a burden for which violence against her might be an almost understandable release. If this pattern was more widely found than in Copel's sample, then perhaps we would expect to see higher rates of more severe physical and sexual violence perpetrated by women who usually have high levels of caring responsibilities and are more likely to live in poverty, but this does not seem to be the case in this study. Therefore, the nature of violence begins to emerge as intersectional; it is not only that disabled women are living in absolute or relative poverty, but that men as perpetrators are painted into the picture. It is more likely that even where there are significant resources in institutional organisations, the family or authorities, these are not in the control of the women who would need them to gain support, alert assistance or even leave the violence.

Dana: It's not that we didn't have money. I just couldn't get it, for me or the kids. I didn't have a cash card, even though the account was in both our names. He paid the carer – where would I get another one if I left anyway?

Thus, intersectionality offers a more useful analytical frame than considering disability or gender alone; co-varying lack of control with regard to finances and disability with gender seems to identify a situational risk where isolation and abusive control or theft of financial resources (mostly in institutions, but also by family and acquaintances) exists as part of the continuum on which disablist hate rape occurs.

This mirrors the situating of financial control within the Duluth Wheel of Power and Control (Pence & Paymar, 1993) in the realm of domestic violence, but this chapter thus far has established that the experience of sexual violence and institutional control is intersectionally different in the experiences of disabled participants in this study. As Hollomotz finds:

“Such lack of personal choice increases the risk that a sexual attack may succeed, as individuals become used to lacking control over what happens to their body. On the other hand, opportunities for decision-making in everyday life can counteract, ‘Vulnerability’” (2011, p99).

These findings unintentionally avoid one of the pitfalls when operationalising intersectionality theories, identified by Walby et al. (2012). The authors warned that in analysing intersectionality, class should be written into the analysis without it being treated as the dominant category. With regard to the disabled women in this study, lack of control of resources, rather than pre-determined poverty or class (identified, for example, by the occupation of the father at the time of birth of the child) appears to be a dominant factor.

Iris: I went to grammar school and my dad was a teacher. We had what we needed when I was little. I got the house when dad died. But after I got MND it all went to hell. I would never have been taken off like that if I wasn't disabled.

This example illuminates that when women become disabled, their previous class may have little protective effect over their situational risk of violence and poverty.

Bettie: We were on a farm, ten minutes from the other house and he looked after all the money. He used to leave my pads out of my way then punch me if I made a mess. I had a lovely BMW in the drive, but he would take the diesel out so I couldn't go anywhere. We had judges, police, everybody in the house for dinner. They thought he was amazing for staying with us.

This experience by a participant was distinctive, given the relative deprivation of the urban areas in the North of England where the study was conducted. What may be an important factor emerging from this study in terms of class rather than poverty, is isolation, which can be exacerbated in rural areas (DeKeseredy et al., 2007). This could even be important in terms of fear of isolation; more disabled women in the study who have experienced disablist hate rape seemed to have contact restricted to immediate family or people who were paid to be in their lives, rather than a wider social network. Where non-disabled women could sometimes flee from rape to friends or family, these choices are limited if women have access requirements which cannot be met in standard housing.

Amy: But if I said I didn't like [*name of staff member*] they would throw me out of the home – then where would I go?

This may increase their situational risk of disablist hate rape and theft; interventions to address this risk specifically are discussed specifically in the next chapter. To this point in this chapter, however, it has been possible to utilize intersectionality to expose the material oppressions in disabled women's lives "Whilst fully acknowledging complexity and inter-relational elements" Fawcett (2000, p53).

5.2 Intersectionalities with disablist hate rape: Criminalisation

A complex intersectionality with disabled people in their contact with authority emerged during the study, which provides an original (and unexpected) contribution to the literature. Existing scholarly work thus far might lead readers to conclude that disabled people are rather likely to be perpetrators in attacks. McCarthy & Thompson (1996) claim, for example, that men with learning difficulties are the single largest group of perpetrators against women with learning difficulties and Hollomotz (2011) paints some of the disabled men in her study as sexually threatening to other service users and workers. In relation to Anti-Social Behaviour Orders, National Association of Probation Officers (2005) identified 13 cases involving disabled children with impairment labels such as Attention Deficit Hyperactivity Disorder, Asperger's Syndrome and autism.

There are also several case studies of disabled people involved in hate attacks then charged with crimes against other people (EHRC, 2011), but there are different interpretations of this occurrence. One explanation might be offered by McDevitt, Levin & Bennett, who extended their important typology of hate crime offending in 2002 to include retaliatory attacks, where victims were harassed into reacting and are then charged with crimes themselves. This concurs with the pilot study findings, in which, as a result of horizontal oppression, complaints might be made against the disabled person by the perpetrator, for which the disabled person was then criminalized. But the growing identification of disabled perpetrators seems to

perhaps be more common than is seen even in relation to racist or homophobic hate crimes. This may be the disabledist positioning of disabled people paradoxically as "Asexual, oversexed, innocents, or perverts" (Brown, 1994, p125). In this study concerning disabledist hate rape against disabled women, there may be a compounded problem of triple jeopardy. Disabled people who have been victims of disabledist hate rape may not only not be believed when they try to report, but may also subsequently be diverted to be subjects of extra surveillance. Disabled adults are also still securitized in prisons and forensic institutions, invoking conceptions similar to Foucault's (2003) model of oppressive state control. They may be assigned into medium and high secure settings, through Multi-Agency Public Protection Arrangements (MAPPA), often without trial or independent advocate representation. This is the same pathway set up to give scrutiny and surveillance to Registered Sex Offenders in the community. Sequeira & Halstead (2001) demonstrated that disabled people labelled as 'unmanageable' or 'disturbed' could be punished by angry staff. In their study, the punishment appeared to be gendered; tranquilisation for the women, seclusion and restraint for the men. But one female participant with the label of learning difficulties in this study had become subject to the newer MAPPA arrangements as she was deemed to be sexually provocative and 'unmanageable in other services.'

Barb: Aye, I was unmanageable. I bit and I kicked any f****r what came near me. You would as well if they f****d you.

Barb disclosed her status to me in advance of the focus groups; she was in and out of institutional services as a result of her MAPPA surveillance and was not sure whether she would be able to attend. I had known Barb for several years, so I was aware of

her previous history of repeated rape and her dual diagnosis which resulted from these attacks. The risk of attack on workers was always in institutions, when Barb was deemed to lack capacity and was being forceably treated. I did not see this situational risk in a community centre venue with other women to be as likely. Nevertheless, in managing risk for other participants and the researcher, her disclosure caused a new risk assessment to be undertaken and measures were taken to provide a forensically trained nurse for the session Barb attended. Barb agreed to these arrangements in advance. However, her status was not disclosed to other members of the group and the forensic nurse (who did not know her as they were drawn from another area) was in plain clothes and simply presented to the group as a personal assistant for the session. The stigmatizing of victims of rape as sexually malicious and risky has been avoided for many years in clinical practice with sexual abuse victims (Summit, 1983, Blasingame, 2005), but criminal justice system services did not appear to be consistently applying best practice with disabled women in this study.

For many years, disabled people have been stereotyped as asexual; with a lack of intervention to contextualize sexual experiences for disabled people, this can be recast as being a risk of offending by state authorities. This again may mean that disabled people are returned to institutions where they again may be at risk of harm of further attack. There have also been reports by Quarmby (2011) that more women are perpetrators of disabled hate crime than in other hate crimes. However, robust criminological evidence suggests that, as interpersonal crimes by women are

likely to offend the caring stereotype, they are more likely to be reported and more harshly sentenced than are other perpetrators; Hester (2012) has recently found that women were three times more likely to be arrested when constructed as the perpetrator of domestic violence. For example, in the murder of Gemma Hayter, Daniel Newstead was the main offender and was sentenced to twenty years in prison. His girlfriend, Chantelle Booth was implicated as the person who befriended Hayter in the first instance and whilst she was present during the attacks, there was no evidence that she perpetrated any of the fatal blows to Hayter. There does seem to be this gendered effect here; Booth, it may be reasonable to assume, may have been subject to Newstead's control as Hayter clearly was, but she was nevertheless vilified in the press and sentenced to twenty-one years in prison. It may thus be problematic to promote justice in relation to disabled hate crime if that notion of justice and transparency does not transfer to fair penalties for offenders. The fair treatment of offenders is an emerging and complex intersectional problem and more research is needed; however, interventions to tackle this problem will be discussed in the next chapter and the policy implications of the criminalization of victims also discussed in the final chapter.

5.3 Gender, audist hate crime and ethnicity

This recognition of audist hate crime from 'audism' (Humphries, 1977, Lane, 1992) is a significant original contribution of this study, but invisible to date in the literature. This concept was introduced to me in 2010 by Verity Joyce, a Deaf colleague. It arose several times in the focus group with Deaf women in it in this study. Eckert &

Rowley (2013) helpfully construct adverse audism in parallel with sexism and racism. However, audism recognizes cultural oppression very much linked to an attack on Deaf people's linguistic and cultural roots. This helpfully moves Deaf identity forward to an ethnicity diaspora after Ladd's (2003) construction of Deafhood as an identity, rather than deaf people with impairments.

Claire: It is audist hate crime [nods]. When people throw eggs at the house it is bad. Police don't help [shrugs]. They don't want to know if we have no evidence of hate speech. Eggs on the house isn't enough for them!

Sondra: But worse when personal against a woman. When a man not Deaf in the house, pretends to learn to sign – it's all love and happy. He's inside then. Then he isolates and controls a Deaf woman – easy for him to do that.

For example, two women talked about the shackling of Deaf women's hands or restraining hands behind their backs which was linked to audist hate rape; clearly face down and without her hands, a Deaf woman cannot see what is happening and is unable to communicate. The effects of particular torture, compounded by the lack of response from the Police, may have been factors in the subsequent self-harm by some Deaf women. In mainstream society in the UK, isolation and lack of links with other BSL users may lead to Deaf people with mental health service being 'stepped-up' into forensic institutions (Hindley & Kitson, 2000) when other safe services, lower down the intervention pathway are missing (Howarth et al., 2001). This is a significant risk, as up to 50% of the Deaf population may have an unmet mental health service need over their lifetime (NHS, 2014). However, as identified in the literature review in chapter two of this thesis, Deaf people require specific BSL interventions in order to be safe and benefit equitably from therapeutic services

(Department of Health, 2005). While some women with hearing loss were included in the main focus groups of this study (one with a lip-speaker and four who used hearing aids and induction loop systems) the British Sign Language focus group recognized the importance of the linguistic and cultural identity of the Deaf women as an ethnic minority. I was privileged to have access to this group having worked with Deaf people to improve advocacy, mental health and Court provision in the North East in 2007/08 after a Serious Case Review identified serious inequalities and a lack of Deaf people's mental health services. In that project, I worked with Deaf facilitators and glossed the BSL into English, as well as analyzing the savings for the proposed service; this method which was identified by the National Institute of Health Research as one of ten best practice case studies of user-controlled research (Faulkner, 2010). Without that previous study and some BSL, I would have found Deaf women hard to reach for this research. In all, nine Deaf women attended focus groups; all had experienced rape. Three Deaf women travelled independently for four hours from outside the region to attend the session, perhaps demonstrating the need for further research and services elsewhere in the UK. Four of the Deaf women had met their attackers through the church and two were still active members there.

Jo: The priests were the only men who could sign – we went away to Deaf school. We all looked up to them. I thought Father *[name of priest]* had me as his special one for years. I would never report it then. He said he loved me. Only in the papers I read about other girls. I was so shocked and angry. I cried for days. I blame myself. I would have stopped him if I'd said earlier then he would not rape other Deaf girls.

The rape still had profound effects on Jo's life and relationships today, but she had made friends with other Deaf women in the user-led Healthy Deaf Minds group, formed after the 2007/08 project. Whilst it was crucial to include Deaf women's experiences of audist hate crime in this study, Deaf women do not identify as disabled people and there are significant differences between Deaf people's and disabled people's civil rights movements. Not least, disabled people have campaigned to close segregated institutions while Deaf people see them as crucial to maintenance of language, culture and social contact (Ladd, 2003, Eckert & Rowley, 2013). Further discourse is indicated in this area, given the uncovering of abuse of Deaf children in these institutions and the contrast with enabling, powerful sign language environments, for example found in the American Sign Language university, Galludet.

The Deaf women in this study concluded that they located their experiences not as disabled hate crime, but as the parallel concept of audist hate crime (Balderston et al., 2014, forthcoming). This is an important and original finding; since Corker's death, there are few Deaf women's voices in the scholarly literature. The particularities of linguistic and cultural responses by Deaf women to rape are discussed in the chapter seven, but it is important to note that much more research by BSL users is needed in this area.

Different linguistic challenges for the researcher were presented in three other focus groups; as a researcher I had some BSL, but not spoken languages other than English and German. Six Sylheti speaking disabled women attended one focus group held

covering the areas of south of the river Tyne, which have significant numbers of people from first and second generation Bangladeshi communities. All of the South Asian participants had first-hand knowledge of sexual assault.

Orpita: He touches rough. I know what happens and have to hide from my husband. I feel he can see it but he says nothing.

Some participants discussed being, 'used' by men, but not all used the word rape and unlike the white women, often did not discuss who the perpetrators were. The focus group involving South Asian participants was also held much later in the evening than the other groups (a 7.30pm start), which made it easier for some women to attend as some of their husbands or fathers worked in family businesses at that time. A crèche and activity group for children was provided in the same building, so that the women could attend without having to disclose to their children the reason for the discussion.

This focus group provided one of the most difficult points in the study, but also one of the reflexively most important. I was heavily aware of the risk of inscribing neo-colonial or racist messages into the work as a white atheist woman. I did not want to risk inscribing stereotypical constructs of violence, ethnicity and patriarchy on these women, with whom I shared a home town. But neither did I want the diverse experiences and needs of south Asian women to be invisible in the study and the recommendations, so it was important that the work progressed, when the women came forward to participate. I was concerned that I did not possess the necessary cultural competency to understand non-verbal clues, for example, in when to explore

more or when to leave an insensitive or uncomfortable question behind in the discussion as facilitator. In addition, work with an interpreter can be problematic in terms of disclosure of violence in a small community. So, this focus group was facilitated by a Sylheti-speaking woman who had worked with victims of rape for many years. Consent forms were audio recorded and three of the participants who did not use a written language, gave their consent orally which was captured in audio recording, as recommended in Bhutta (2004).

Translation of the focus group recordings were a difficult process, as the constructions of Bengali and Sylheti language and meaning were often contested. There is no widely used written form of the Sylheti dialect (I learned in this project that this stemmed from Syloti Nagri printing presses being destroyed in the 1971 Liberation War). However in the north east of England, the dialect flourishes in the diaspora.

Four participants identified as Muslim, two identified as Hindi and these women had slightly different language from each other. The facilitator glossed my questions into Sylheti and worked with me and two other women after the focus group to gloss the answers back into English. All of the women chose their own pseudonym and the facilitator chose to be called Dharma-ma, a name that is similar to the role of Godmother in the UK. Where there was discussion over the translation meaning, the context most akin to the participants own language was privileged in the glossing. In addition, non-verbal cues had to be culturally interpreted in the script. The English translation was read to four of the participants in Sylheti in the months after the

focus group, as part of the two part consent process for the study. This led to some further clarifications and corrections of the script. Three Urdu speaking women came to another focus group in the North of the region, as they did not want to attend one with Sylhetis. This local mistrust was explained as being similar to that which descendants from competing local towns, sports clubs and families may have in the UK.

Several more of the south Asian women in the study were married, living with parents (her own or her husband's family) and some lived in larger households, where privacy on the telephone, individual computer use or space in which to have friends visit was difficult. Three women from this group spoke of how they required their father, son or husband to come with them to hospital appointments and translate for them.

Traja: When I have flu or need antibiotics it is all right that he helps. But sometime I wish I can talk myself. I understand some words and think "That's not what I say" but I have to be quiet.

Not being able to seek medical support independently meant four of the women had never sought medical help after an attack or rape. Further, two women appeared to have little medical or social support with their impairment related needs.

None of the South Asian women had independent personal assistants for support, but there were similarities with other discussion groups in that few of the women had their own money or income, either earned, or received in welfare benefits. Two of the women explained that the resources came from a family business or male

wage earner, so they had food, housing and clothing, but little control over how the money was spent. A discussion about the role of personal assistants arose.

Dipa: People pay women to come into their house and help? Really? That would not be good for me! I have to clean the restaurant. What would I do if I did not do that? I have sugar [diabetes] and stomach troubles so I have to work hard to clean. He says that my tablets are expensive, so I have to work harder.

Interestingly, this comment is in complete contrast to the austerity rhetoric linking the financial crisis to fiscal pressure by disabled people and 'NHS tourism' use of public services by immigrant communities without entitlement that has surrounded punitive sections of the Immigration Bill (2013). Dipa had the right to access NHS prescriptions but her husband was still purchasing her necessary medication at full price. Whether this was due to lack of knowledge about their entitlements or arose power and control over her is unclear. What is important is that without accessing regular preventative health checks, this participant is at risk of further health inequalities and impairment in the future. This was noticed during transcription; the group that the participant attends was therefore provided with information about health checks and community health trainers projects which could be accessed locally, without my disclosing the trigger for the contact. Other participants were even more isolated. One participant explained how she understood her hate rape to be on the basis of her caste and disability.

Devyani: They were shouting spastic dalit and laughing. I could feel nothing but then they said spastic dalit bleeds – I was so ashamed.

Doris: Pet I grew up on that estate.. they are the lazy scum, not you.

The use of rape to maintain power over women is therefore intersectionally perpetrated and understood. But the use of racism to counter caste prejudice is problematic and will be returned to in the discussion of interventions in chapter six.

The pressures and risks compounded on white single women in South Shields also demonstrated distinctions between the groups through this study.

Traja: But these women [nodding to the white women in the parallel discussion group] they do not have husbands to look after them. They have to help themselves. I do not think their life is better. They are used by many men when they are drunk and do not remember. Women at least two a month are used in our restaurant or the street behind – they do not care.

This is consistent with many rape studies in which women minimize their own experiences and show concern for other women instead. One significant difference from the white women in the study is demonstrated in Traja's comment; the South Asian women did not discuss being socially isolated. Conversely, several of the women had so much time with relatives and so many work and caring responsibilities that disclosure was made very difficult for them due to a lack of privacy. Where health services tried to make Sylheti-speaking provision, there was a barrier here, too, with a male General Practitioner (GP) from another (disliked) social group being the only option in one local area. In a small community where a GP knows a great deal about families in the area (cf. Hawthorne et al., 2003), this may make the chance of disclosure, screening or having suitable treatment for injuries even more difficult for Bangladeshi women. One of the women explained how she

could not attend her GP surgery, as the Bengali GP there was a Dhakaiya and there is a mistrust between the communities.

Shazia: He looks down on me. He says that my mental problems are because I have not had a child for my husband. There is a dishonour in this, so when I am used by his brother's friend, he is not caring.

Orpita: Ah, I know who he is. The health place always send me there too, because they think we are the same colour, but I have dark colour.. he does not like this.

Sumana: I have better help because [*her daughter*] has a disability. I have learned English to help her, I drive now. Without her shame I would have none of these things. The women's group mothers help me too, not just my daughter.

Dharma-ma (Facilitator): Do you have worries that she will be attacked?

Sumana: Maybe, when she starts to bleed. But while I am here, she will be safe. I can teach her how to be quiet, to not get seen when he is in a bad mood.

There was much insightful discussion as to how the Sylheti speaking women took care of each other and survived after disablist hate rape, which are unpacked in chapter six. It is impossible to generalise from only six women, but their stories and

thoughts may indicate that further research (by first language researchers) will be valuable.

5.4 Lesbian, Bi-sexual or Trans Women and Disablist Hate Rape

A diverse community of women who have also created strong support links over recent decades are lesbian, bi-sexual, intersex and trans women. In the last ten years, trans men and women have begun to take their own agency, asserting social identities firmly within gender groupings (Whittle et al., 2007). This makes distinctions both from sexual orientation rights groups and identity formerly centred on the surgical process of transitioning from male to female or female to male. This is signified by the symbolic separation of trans men and trans women from the earlier term transpeople).

Avery: The stigma and hate crime is rife. It's not just shouting chicks with dicks stuff – the f**k was hideous – definitely hateful. They slash and bite and b****r – awful – I thought I would die - honestly. I was so careful where I went after that.

Deni: I get that, totally. Then when I was in A&E I worried I won't be allowed the op – because I was depressed and ill with the infection and broken ribs. I had to make sure what they wrote in my file was careful. Then I got sent to a support group for crime victims – but they just looked at me like fascinated. I couldn't be doing with having to tell everyone, 'this is transition' when I was in that state.

The physical injury and visceral fear after transphobic hate rape, was compounded for Deni in a mainstream victim support group. The energy needed to be a role model and educator when entering services where a woman's difference is visible was also discussed by disabled and Deaf women in relation to using refuges. Being the first person from a minority group to use services can be wearing and challenging, particularly after a hate rape.

Deni: That's why a lot of people say you shouldn't transition, but we have to.. it's who we are.. That's why the safe reporting is great. I was mortified when we didn't include disabled people – I'd never thought, but it's the hate, just a different network. I can see why people don't go out.

This pride in identification discussed in one focus group is partly reflected in the LGB and T separation (Turner et al., 2009), which has been more recently adjoined with the recognition of Queer and Intersex people, demonstrating the diversity of the movement. In this study, one trans woman also identified as a lesbian. Around hate crime and discrimination in services, whilst usually not identifying as disabled people, some trans men and women and intersex people have several campaigns in common with mental health service survivors and disabled people. What is shared across the LGB and TQI movement is history of a pathologizing 'treatment and cure' discourses – for example, this tradition still locates trans men and women in psychiatric services in order to access transition.

Jessica: The psychiatric NHS ward is a hell-hole. We spend as much time telling people how to get through it as we do about transition. In Scotland,

there's a non-binary group where people aren't stuck with labels – that's better and we sometimes say to people, 'go up there' for treatment.

Ann: It's not that easy to move if you've had a house adapted and you have four consultants you've had to fight to see.

This exchange also demonstrated an intersectional problem for disabled people who need to access gender (or other, non-disability services) and connects thematically with work on mobilities (cf. Soldatic et al. 2014, forthcoming). This work is exposing that disabled people's choices to move are not as simple and open as non-disabled people's options. With a dual diagnosis, the existence of hard-won adaptations at home or the need of intersectional services may compound this inequality and render people immobile in terms of work or family choices.

Historically in terms of place, too, many established LGB and T projects have their meeting places upstairs, with buzzer entry. This has been to ensure safety for service users from homophobic and transphobic hate crimes, but unintentionally makes these facilities inaccessible to many gay, lesbian, bi and trans disabled men and women with access requirements. Barriers like these meant disabled people's role in sexual politics had been minimized (Shakespeare, 1999). Barriers have not only been one way; there has been scant recognition of lesbian disabled women in the feminist disability studies literature, with some writers such as Morris (1992) and Thomas (1999) being critiqued for their heteronormativity (Liddiard, 2013). As recommended by Pain (2000) and the Equality Act (2010), projects in which identity organisations work together, to share expertise can reduce tension and promote

good relations when people may not usually have contact with each other, are important. In one of the pilots for this study, the Gay Advice Durham and Darlington hate crime worker and a group of trans women who had experienced hate crime came together with Vision Sense, the user-led organisation of disabled people where I work, to tackle hate crime together and work with mainstream agencies, such as ARCH (a reporting project) and Victim Support in the region. This reciprocal work, through an action learning set approach (Balderston & Roebuck, 2010), built alliances and gave a more nuanced understanding to mainstream organisations of the varied experiences of hate crime, to resist a homogeneous approach. Again, it was this pilot which gave the researcher privileged access to trans women to invite to these focus group.

This study therefore makes an original contribution by analyzing the intersectionalities of lesbian, bi-sexual and trans women in the context of disablist hate crime literature for the first time, as indicated as necessary in the Mind (2007) report about hate crime. In addition, the emergence of so-called, 'corrective rape' (Action Aid, 2009) on lesbian and bi-sexual women has left some women, not only women in the global South, with significant impairments and experiencing subsequent disablist and racist discrimination in England.

Angelika: I was raped for being a dyke. I got mashed inside with bleeding and needed surgery.

Belle: You had loads of ops – we met in hospital, didn't we?! I was like, don't stand for that pet, sort out what they give you!

Angelika: I was lucky to be living. But then when I needed to tell the Police who they were and get help because I couldn't work for eight weeks, I got – they never said, but they did not care - go home – you aren't entitled. I couldn't even walk, not fly! I'd paid my taxes here but no-one wanted to help.

This forced, penetrative attack specifically as a specific tactic of hate crime reinforces the focus of this study on rape (as distinct from other forms of physical or sexual violence). However, it is distinct from disabled hate rape, illuminating the barriers for women who are disabled as a result of racist, homophobic or transphobic hate rapes.

5.5 Chapter Conclusion: Inequalities and intersectionalities

This chapter has outlined the material inequalities, criminalization and intersectional inequalities experienced by disabled and Deaf women, south Asian women, lesbian and trans women after hate rape. As Hancock (2007) predicted, these particularities are constantly shifting, but the snapshot from this research show that many of the participants struggle at the intersections between gendered and disabled macro (structural) forces and micro (agency) ones. The intersections of disability, gender, isolation and control over resources may make physical and sexual attacks more escalating and injurious to how women see themselves, than for non-disabled women; in short, hate crimes do hurt more (Iganski, 2001). For some women, the intersectional control of resources and threat of homelessness also played a part in

the family perpetrator being able to continue raping their victim, or in restricting the victim's choices to move and access other support elsewhere.

Most women at the intersection of communities experienced a lack of support and disablism from statutory services. For example, the lack of choice of a female, Sylheti-speaking practitioner who may screen for violence, made it difficult for some women to seek support or treatment after rape. For some south Asian women in the study, ethnicity also varied the picture in that excessive demands by family members, caring responsibilities, over-crowded living arrangements and the requirement to assist in the family business prevented the women from disclosing or leaving the rapist; perhaps different to the type of isolation experienced by white disabled women in the study, but no less disabling. Several disabled or Deaf women who approached the Police for support were criminalized themselves.

The chapter has originally contributed to the literature, particularly in exposing the problems of criminalization of disabled women after rape and in the recognition of audist hate crime against Deaf people. It has also problematised the notion of one homogeneous disabled people's community of identity. The focus group participants have demonstrated how the intersections of disability, ethnicity, rurality, sexual orientation and gender change the barriers which victims and Survivors face. These barriers shift not only in the way that individual hate rapes are perpetrated, but also in how women are prevented from accessing services or staying safe from state violence (for example, when institutionalised or criminalized).

There are diversities emerging, too, in the ways in which women after hate crime involving rape survive in the aftermath of the violence. The following chapter now turns to analyze how these processes may be most effective, given the diverse barriers that disabled and Deaf women from diverse communities experiences. The thesis now builds on the development of intra-sectional analysis (McCall, 2005) to understand the identity impact after hate rape on disabled or Deaf women. On this path of cultural and community concerns, chapter six also analyses the interventions which have been most effective with the disabled and Deaf women after hate rape, who experience such disabling barriers in existing mainstream services.

6. After Disablist Hate Rape: Identities and Interventions

Having explored the intersectional barriers and diverse experiences of women after hate rape which disables them, the thesis now turns to explore the particular effects of disabling hate rape on women's identities. In the criminological literature thus far the "In terrorem" effects (Perry & Alvi, 2012, p57) are seen not only on the victim, but these attacks send ripples of harm (Noelle, 2009) into the wider victimized group (Martin, 1996).

The cultural context in which individual experiences are inscribed is crucial, in order to analyse individual women's experiences on a micro-level. This is helpful in avoiding a simplistic macro-analysis of structural inequalities. Exploring identity in the wake of the new positions after disablist hate rape is useful; these are the journeys on which women move from the object position of hate crime involving rape back to being the subjects in their own lives.

The participants in this study did not simply experience the oppressions; they took agency and struggled to survive and some to remake their identities after disablist hate rape. This chapter will therefore explore the research questions as to how identity formation has been useful in relation to the resistance and struggles of participants in this study and consider the dichotomies between positions in which women identify *inter alia* as victim or Survivor. The participant discussions also help to originally move the literature forward, to unpack what it means to find happiness and well-being after disabling hate rape. It will analyse the differences and

similarities in work with diverse minority communities of identity (cf. Doyle & Molix, 2012) after hate crime and consider how functional these identities are in relation to survival after disablest hate rape.

But, for research on the path of feminisms underpinned by the social model of disability, this cultural turn to 'write in' individual identity to this research presents some risks. For example, the homophobic hate crime literature to date largely analyses the effects of hate crime in terms of the impact and extent of psychological damage (cf. Herek et al., 1999) and mental ill health diagnosis labels, such as Post-Traumatic Stress Disorder (Resnick, 1993, Coid et al., 2003). These constructions of medicalised victimhood may assist in raising awareness of the need for mental health interventions and reinforcing the harms of hate crime, but in terms of this study, they may be conceptually problematic. At the intersection of gender, disability studies and survivor identity work, it is important to resist caricaturing the women in the study within the usual gendered and disablest stereotypes of being either hysterical, pitiable or inspirational (Darde, 1998).

Hence, in order to situate the women's experience of identity re-formation after hate rape on a feminist path, the chapter invokes the notion of intra-sectional complexity (McCall, 2005) which developed within post-colonial feminisms and which recognizes the intersection of both cultural and identity barriers. The previous chapter has demonstrated how after the experience of hate rape, the participants begin to cross these traditional boundary groupings of communities of identity. Using intra-sectional analysis, this chapter will therefore explore how diverse victims

take spaces in which to create their own agency, outside of their fixed victim labels or exclusion from mainstream services and community. However, the problems of post-structural analysis, which may collapse identity groupings in anti-categories are resisted in relation to this study; Spivak's (1988) strategic essentialism is therefore invoked, so that the uses of collective interventions and actions can be pragmatically mobilized.

Having analysed identity constructs in surviving rape, the chapter then moves to explore which interventions the participants identify as being most useful in tackling the harms of hate crime, given the barriers in mainstream services already exposed in chapters four and five of the thesis. In doing so, the thesis addresses Perry's (2003) need to explore the most effective modes of resistance employed by victims of hate crime. How the women in this study took their own agency to participate and develop their own collective interventions, rather than being passive service users is explored in this chapter. Whilst not being a linear journey, the chapter will chart moves through the situatedness of victim, to Survivor and collective campaigner; an original continuum of survival to tackle the continuum of violence exposed in chapter four. Here, the participants show how they resist not only the attacks of hate rape, but how they radically campaign to transform the very gendered and disablist relations which legitimize hate rape. This necessity has been recognized by critical criminologists such as DeKeseredy & Schwarz (2011); along with Hodge (2011) they locate rape as a tactic in gendered hate crime. Thus, the chapter will move from exploring identity to finally exploring radical societal interventions employed by Survivors to work for social justice.

6.1 The intra-sectionality of disabling state, cultural violence and hate rape

In order to contextualise the various identities that disabled and Deaf women inhabit after hate rape, it is first necessary to understand how disabled women's identities are intersectionally constructed (Winker & Degele, 2011). Bowleg (2008) recommends that intersectional researchers employ insights from the socio-historical realities of oppressed groups and Spalek (2006) says this is essential analysis in situating the claims of victims in their socio-economic realities. It is through these apparatuses that notions of 'normal' bodies obscure the real reference points about impairment for non-disabled people (Morris, 1992); the disabled person as Other are simultaneously constructed and disseminated. The concept, from Lacan and Levinas, of "Othering" is central to the construct of disabled people, both culturally and in terms of legitimizing hate crime, in which outgroups are isolated and targeted. Both Quarmby (2011) and Sherry (2010) posit a correlation between these negative cultural portrayals and hate crime against disabled people; this study is the first to include victims voices in discussing any link.

Structural violence against disabled people is not a new phenomenon; in ancient Athens and Rome disabled infants were abandoned to die by exposure (Harris, 1994) for the' good of the wider society. The cultural roots of ableism are historically inscribed, too. People of short stature and people with learning difficulties were used for amusement from Athens and Imperial Rome. During the 17th Century, disabled men and women were kept by Tudor Royals as Court Jesters and 'Fools' in

European Courts for entertainment (Garland-Thomson, 1996, Lipscomb, 2011).

Bogdan (1996, p25) explains how this became the “freak show” in the nineteenth century, which even included, “Human Curiosities” in the original Disneyland. The post-industrial formal separation of disabled people from society through segregation and institutionalization is found in records as early as the 1860s (Albrecht et al., 2001) and as formal policy in England as part of the Poor Laws since 1750 (Borsay, 2004). More recently, the amusement gained by the people whilst torturing Stephen Hoskins, Brent Martin, Christine Lakinski and Gemma Hayter before leaving them to die, is mired in the history of segregation and disabled people as entertainment and recorded in the Serious Case Reviews which followed ((McAteer, 2011, Flynn, 2010, 2011, Lawson, 2013)). Disabled women understand how these stereotypes (cultural imperialism as the fourth face of oppression in Young’s model, 1990) demean and threaten themselves and other disabled women only too well.

Kathleen: It was awful what happened to that bairn [Gemma Hayter]. That could have been anybody from our group [a self-advocacy group of disabled women]. You have to be careful who you trust. I don’t talk to nobody in Morrisons [a supermarket], just in case.

Violence against disabled people is not only in individual cases but can be state sanctioned. In the twentieth century, the so-called first world perpetrated arguably the most modern, systemic attack on disabled people in the form of the eugenic project. Sterilization of disabled people was a popular form of eugenic population control; between 1907 and 1939 more than 30,000 disabled people in twenty-nine

American states (with nearly half in California) were sterilized, many of them unknowingly or forcibly, whilst incarcerated in prisons or sanitoriums (Miller, 1996). Although some disabled men were vasectomized, women were more likely to die from the tubal ligation operation or its effects (Miller, 1996), thus the programme appears to have had a disproportionately gendered effect. It still echoes in convincing disabled women that they should not be mothers today.

Vicki: Who would want me after that? It's pointless getting pregnant anyway. They would say I can't look after myself, let alone a bairn. And what life would it have living there [in a segregated institution] with me?

For many non-disabled women, aspirations of having left education and be living independently with children in their early twenties are not far from the norm. But this is not the case for Vicki and Jamie, who are more pragmatic in their discussions.

Jamie: I'll still be in that place when I'm ancient [laughs]. By then I'll be too old anyway.

Susie: In what way?

Jamie: I'll be at that school until I'm 25 they reckon. By then all the gorgeous lads will be married off!

Jamie was referring to the then Children's and Families Bill, which gained Royal Assent as an Act of Parliament on 13 March 2014. The Act gives local authorities responsibility to fund disabled young people's support needs until 25 years old, but only if they remain in school. For most disabled children and young people, accessing support is only possible if they remain in a segregated residential school often out of their local area. Even before the Law was passed, Jamie was resigned to

the implications for her and how these limited her choice as a young disabled woman, despite the Act being constructed publicly as giving greater safety to vulnerable children. Jamie had already been raped several times in that segregated residential college by a member of staff. Rather than preventing disabled people from being isolated, the legislation may segregate disabled young people for longer, increasing the risks of violence through isolation and reducing aspirations (Cooney et al., 2006).

In England and Wales, Deaf people at population level have also been controlled at bio-science level by the Human Fertilization and Embryology Act, 2008. This makes it unlawful for Deaf embryos to be lawfully implanted by fertility services (Emery et al., 2010). This de-legitimises the value of Deaf people and for one participant, audist hate crime reinforces this knowledge.

Gloria: They didn't want us to be born. Then they didn't want us at home so they sent us away to school. I was six – sent away, far away. But they [*the priests*] didn't even care. Until I was bleeding, then I was useful to him when he raped me. Because he owned me then I suppose. He told me he loved me but I was worthless for anything else until I could have sex.

Jo: They do say we are worthless. The country says it. They won't let parents say they want a Deaf baby. It's illegal to implant a foetus if you know it will be Deaf. Did you know that? That says they don't want us Deaf. Same as when you get eggs thrown. They don't want us Deaf.

Thus, Deaf women receive a clear message about their own worth and what society requires of them. Family members who perpetrate hate rape against disabled

women also enforce the cultural norm that disability is not commensurate with human life, nor of consenting sexual relationships. In Jessie's case, her pregnant midriff was defecated upon, one of the ultimately dehumanising demonstrations of her brother's disgust at his sister, a disabled woman, becoming pregnant. By having the baby and protecting her child from her brother, Jessie performs ongoing resistance to this position, though other disabling positions are still prevalent in medical and legislative discourse.

Dehumanising hate rape sends the powerful message that disabled women should stay as asexual if they want to gain acceptance. But this message goes further than the women in this study. In discussing identity, Ellie Simmonds, a gold-medal winning Paralympian was mentioned in one focus group.

Janice: I think she's great – a little powerhouse. She'd kick ass if someone tried to attack her! Makes me proud to be disabled – changing how people see us, she is.

Joan: We're hardly that fit, you and me! We need to get to Slimming World – I haven't been for two weeks.

This construction of disabled women as needing to conform to bodily norms and be inspirational or Supercrips, as Darke (1998) describes the stereotype, is culturally pervasive. Not only are disabled people not acceptable unless we are performing as super-human athletes or being objects of entertainment, but a gendered analysis of the cultural position troubles this position still further. Eleanor Simmonds was 13 years old when she won her gold medal in Beijing in 2008. Non-disabled female athletes are not pushed into adult international competition at this age, because of

fears about the impact it will have on their health and reproductive organs. This however, is not a societal consideration for an asexualized disabled young woman, who complies with this regime inspite of the impact it may have on her life aspirations and health. In earning a wage as an athlete, Simmonds is resisting the historic role of short people as entertainment, but Paralympians without integrated Olympic games or equal funding with non-disabled athletes still have to:

“Best prove their social acceptability and worthiness of social integration, by displaying a physical capability... with the active complicity of disabled participants themselves.” (Gartner & Joe, 1987, p 75).

It is this type of power relation which Perry describes as “Almost invisible...deeply ingrained” (2001, p97) and explains that hate crime helps to maintain.

The projection of impairment as personal misfortune or superhuman sporting effort may be as necessary for society to preserve otherness and alterity (Hughes, 2000) as the hate crime which society legitimizes by these constructions. These disabling cultural constructs collide for disabled people in relation to hate crime; Mencap and Scope are large charities, run by non-disabled people, which run segregated institutions in the UK. It was in these institutions where six of the women in this study were raped. Three of the women tried to report this but were not believed.

Alice: I was trying to tell a manager I had been touched when she brought my new support plan. My support worker turned off my speech software. She told the manager I didn't know what I was saying. When [the manager] had gone, the support worker giggled and said not to say anything or they'd lose the contract.

Susie: How do you mean, bring your new support plan? Had she just been to print it out for you?

Alice: No, somebody had written it and sent it to my mum to sign. The inspectors were due.

This is concerning on two levels. Not only does the lack of response from a manager to Alice's distress breach the safeguarding procedures established after many Serious Case Reviews, but disabled people should be at the centre of deciding the priorities in the support plan. Producing a support plan ahead of an expected inspection is not commensurate with disabled people's aspirations being delivered in ways they need or want. Yet both Scope and Mencap run campaigns to raise money for the pitiable victims of disabled hate crime, without seeing any ethical problem in constructing and maintaining these disabling positions of disabled people as passive recipients of segregated living and charitable objects of pity. One of these organisations with over £100 million income also denied Alice the independently used speech synthesizer on the grounds of cost, as discussed in chapter five.

It is in this context that some disabled people, unsurprisingly, avoid showing impairment at all costs (Morris, 1991). For women in the study who become disabled as a result of the hate rape (perpetrated against them on the grounds of homophobia or transphobia) this cultural positioning of disabled objects is particularly pertinent.

Angelika: I wanted to die. I used to be so strong before, but my body didn't work at all for months. I hated that I couldn't work and the pain...I couldn't

cope. I didn't want to carry the injuries around with me – I couldn't look at the state of my body. I was disgusting.

Disgust and shame were common ways in which the women saw themselves after initial surgery after an attack. Whilst this is consistent with the rape literature, the consequences of living with lifetime impairment linked to the rape, were very significant for the lesbian and trans participants in this study. In hate rape, this is a particularly effective outcome for the perpetrator. The victim can no longer identify with the beautiful, proud identity of lesbian once her body is spoiled; this isolation is compounded if the victim also begins to hate herself as a disabled person.

Sam: I was so ashamed and I felt dirty. It was like on 'Alien' [the feature film]. There was runny sh*te coming out of my stomach. It was worse than the rape because I was stuck like this and I couldn't cope.

Samantha's life had been saved by surgery after several years of escalating attacks. Her bowel had been irreparably damaged in the attack when bottles were broken inside her during an anal rape by a family member and his friends. She awoke from surgery with a permanent colostomy bag and struggled to deal with the bag. The metaphor Sam uses of the 'Alien' films is an interesting one. Ripley, the protagonist in the film is a feminist and strong woman and in a famous horror scene an alien inside her bursts from her chest.

Sam: I was screaming for the nurse. I used to forget I had it done, then wake up with the bag breaking and sh*te everywhere. It was like I was in a horror film.

The disgust with which Angelika and Sam saw their own injured bodies is a particularly effective role that hate rape plays, which "Puts women in their

place”(Perry, 2003, p270), against a background of patriarchal and disabled hegemony in society. As disabled women, we might recognize the emotions of disgust, shame and horror of our own bodies as commensurate with the notion of psycho-emotional disablism (Thomas, 2002, Reeve, 2008); the effects of disablism on the disabled person’s well-being.

The subsequent injuries from sexual extortion rape on disabled women and corrective hate rape against lesbian or trans women ensures women do not just devalue themselves as women, but also are negated as attractive and proud in terms of their sexual orientation and disability. Whilst the popular construction is usually identifying *with* a group, the use of hate rape in so-called corrective circumstances may also serve to push a victim to identify *against* their former and new identities. This is consistent both with Hall’s notion of the “Constitutive outside” of identity (1996, p5). However, African-American feminists have rejected these oppositional forms, preferring a more nuanced intra-sectional approach with which to complicate the simple boundaries of homogeneous groups (McCall, 2005). This is also seen in discussion between participants in this study, which in some ways exemplifies the discord between second and third wave feminist constructions of self and family identity.

Dipa: You have confidence to see you are beautiful and you work; I am humble, for my faith and in caring for my family.

Angelika’s discussion was difficult for me as a facilitator; I too have a stoma bag (from an ileostomy operation) and her talk of disgust at her own bag dented my

otherwise strong identity with a memory of mourning for life without the complications of organizing medication, output, leaks and the effects of bowel torsions and para-stomal hernias. I had managed for over a decade to look kindly on the stoma as it had saved my life, but I also empathized with Angelika's experiences. Disclosing within the group was not a problem for me, but I was concerned that it would derail the discussion about hate crime. Having become isolated with shame of the attack, Angelika had not had the support from friends, which I had enjoyed after my operation. This also demonstrates how discourse rejecting identity after hate rape can create the ripple effect of fear and dis-association in the wider community of identity; in recognizing victimhood as embodied in themselves, how do disabled women then turn to take their own agency in positive identifications after disabled hate rape?

6.2 Victim or Survivor?

Having established the severity of disabled and disabling hate rapes and the effect this has on women, as a message crime about their worth in society, the label of victim may seem a 'natural' one, but Walklate (2007) maintains it is an important site for critical victimology to analyse in terms of symbolism and interactions. The term is so inscribed in culture that there is an arm of the criminal justice system in England and Wales named 'Victim Support'. This clearly sends the message that the state has the power to apply this label and that anyone can be victimized and will need state support. Walklate (2007) understands that structurally, the state employs the use of victims as a political strategy, with which it maintains hegemonic authority. Simultaneously, (the victim from the French, *la victime*) is gendered, implying female

passivity at an individual level. Žižek similarly gives us the example of the masses who failed to reject Stalinism and “Narcissistically fell in love with their victimization” (2008, p88), accepting the rules instead of fighting the dominant ideology.

This object position of the victim may be intersectionally even more complex for disabled women, however, given the negative connotations of being constructed as, ‘suffering’ from impairments or being a victim of a disabling condition. It is therefore unsurprising that there were contested views about victimhood in several of the focus groups.

Ivy: I don’t want to be seen as no victim, thanks. I’ve got enough labels stuck on me! Cripple, bitch, spastic, cow – I’ve got loads!

The stigmatizing effect of the ‘victim’ label is clear to Ivy and she equates it with the stigmatizing effect of ableist language. Several participants resisted the label of victim entirely.

Jane: I’m not a victim, really. Mine happened a lot but it didn’t happen out of the blue on a street. It was my fault I didn’t sort it earlier, really. I couldn’t go to Court and show everyone what he’s done to me.

This view is a common one and after major surgery, Jane was moved to a different institution with more nursing care and away from the member of staff who had perpetrated the rape with his friends, but Jane did not receive justice against her attackers; the rapist was placed on the POVA list and sacked from his role as a care support worker, but was not prosecuted and did not serve a sentence.

Another participant explained how her victimization also lasted a good deal longer than one event.

Bettie: I wanted to scream, 'I'm a victim!' But he tried to get me to be and I was careful not to make things worse. No-one could see what he was doing to me but other victims did when I went to the refuge.

By invoking victim status, Bettie finally managed to reject the silence around her rapes and safely leave her rapist, so rather than being passive, victimhood was a site of power for her. Doak (2005) recognizes the value of the term victim, which she says implies that women will be believed, even before the offender is found guilty. On the other hand, Alice found the label depressing.

Alice: I couldn't stop it happening again, but once you think you are a victim you worry more. It's hard to want to do anything if you think you are a victim no one will ever have any respect – what's the point of carrying on?

This hopelessness is also recognized by Hunter (2010) in relation to child sex abuse victims who cannot develop a sense of self beyond the abuse; this breaking of women's identity is a key aim in hate crime. In concealing her victimhood, Alice complies with the perpetrators requirements for silence and in return, she ensures she has housing, some support and access to some education. One participant felt she was a victim of her position as a migrant.

Dipa: You have more victims here. I don't have rights – when something happened here your country doesn't look after me. That makes mothers weak, here, more victims. You don't have information in my language about my rights.

The problem of women with unsettled status not having recourse to public funds is a risk to Dipa, as is the lack of information in community languages; her victimhood makes her fearful, as hate crime is designed to do. But for one trans woman, victimhood after hate crime was a place of solidarity.

Jessica: But we were all hate crime victims though. Different reasons behind the rape, maybe, but all victims. Because of that we come together as women – if we weren't victims we wouldn't have that.

There are different cultural readings of this statement that are possible. A radical feminist perspective might be that Jessica is re-inscribing the hegemony on other women that she might have understood before transition, in order to keep disabled people (and herself as a woman) in their place. But the role Jessica played in organizing third party reporting centres with disabled people perhaps resists this interpretation. Thus, the perils of culturally analyzing discourse as data in isolation from context are exposed. Doris, a disabled woman and now a local political representative, had experienced rape by her partner for many years and was very aware of the current political implications of victimhood.

Doris: I don't mind what they call me. Victims are trendy, they get gongs. I could get a you a gong for being a victim, Ivy.

Susie: How do you mean?

Doris: Well, they get honours. Dame this, Lady that. Look at that woman whose husband got killed in the street – she's in the Lords and she got to be victim's minister. She wasn't even attacked hersel' so I reckon she got given that to shut up.

Ivy: Mind, they gave nowt to Duggan's aunty!

Doris: Aye, but she's black, isn't she?

Doris was probably referring to Baroness Newlove, who was appointed to the Lords and as Victim's Commissioner after her husband was murdered by youths in the street where they lived. Doris pinpointed here how 'innocent' victims may be exploited or appropriated by the state as 'ideal' citizens (Spalek, 2006). This model of the ideal victim has heavily gendered and racist overtones, as Ivy recognises. The Police handling of Mark Duggan's shooting sparked riots in cities across England and his aunt said that the Police had murdered her nephew. Much later than the focus groups, the Police officer V53 was cleared by the inquest jury of having unlawfully caused the death of Duggan. If Duggan's aunt had seen her role as a bereaved relative who needed Victim Support counselling, or appealed to the Force to investigate the death quietly, she may not have so inconveniently and publicly pointed to the racist attitudes in the Police force.

For Furedi (1997), the cultural rise of victimhood is of concern and Kelly (1988) led feminists to champion the construction of survivor as a more powerful, action-oriented status, recognizing how women move from the object of the rape, child abuse or mental health service violence, to being a subject in their own lives. Survivors represent themselves and their own voices, as the banners shared by child abuse Survivors and the disability movement attest, the message is clear, 'Nothing about us, without us.'

Beth: I can say I'm a survivor and I know inside I've survived rape, but in the treatment centre they know I'm one of them as well, because of we are

survivors of the mental health system. I might have survived an earthquake for all people know, so that's good, to fit in. Some women don't survive at all; they are victims.

In rejecting the stigma and shame of victimhood in this way and recasting themselves as Survivors, women also prove their resilience and access the pride they feel for coming through the abuse alive. These women are taking their space as subjects and rejecting being objects of the victim industry, psychiatry or their perpetrators. Some Survivors have asserted that for them, a reaction after a violent disablist hate attack or sexual assault is entirely understandable and human, without the victim needing to have added a pathologising, diagnostic label.

Sonia: I see enough doctors, thanks. Another label and another consultant?

So they can say I'm vulnerable or mental as well and the social worker can take my kids away? No thanks.

Survivorhood provides a place of solidarity from which we can recognize each other and fight together, as Dean terms "Reflective solidarity"(1996). But does this exclude the victims who do not feel as though they have survived?

In cultural terms, the ideal victim of rape is an innocent white child who is blameless in her victimization. Contrast this with the image of a Survivor offered by two participants in discussion.

April: I am a Survivor, like that Rhianna. I was pleased when she..

Kathleen: That wasn't Rhianna. That was Beyonce, pet. I know because I do it on Karaoke at the club. [sings the first two lines of I'm a Survivor by Destiny's Child].

April: I didn't mean that song, I meant when Chris Brown hit her. I mean I wasn't pleased Rhianna got beat up but I was pleased we saw the photos. I think lots of women would have thought blimey, it could happen to anyone.

Kathleen: Yes, but she went back to him. My PA told me.

It is interesting that April identifies with Rhianna as a fellow Survivor of rape. It is also useful that two white disabled women, one in her sixties and one in her twenties both identify with African-American Black women's commercial notions of Survivorhood, which may be shared understandings of how sisters resist oppression, even if they do not leave the service or perpetrator. But is this not leaning to notions of needing an inspirational Supercrip? When Rhianna was mentioned in another focus group, one participant was unconvinced that she was a role model for Survivors.

Vicki: We could all look like that, six foot, three stone, false eye lashes. She looked gorgeous even mashed up in her designer gear.

Women are in an impossible place in the world of feminist backlash; if they look like sex objects, they are placing pressure on other women to perform (Walter, 2010). If they act like women who are controlled and return to the perpetrator, are they letting down women who look up to them? What do we call Survivors if we do not survive life on our own, outside the power and control of the perpetrator or institution where the rape took place?

Lamb (1999) also worries that victim and survivor become two stereotypes which do not assist women – those of pity and weakness or strength and resilience respectively. However, at least the term Survivor is chosen by women, rather than being a diagnostic label which pathologises them, over which they have little control.

Charlotte: Being a Survivor is better than being called a psychy. It feels like an achievement, to be honest, instead of saying these awful things happened to me.

This power to be seen in terms of identity and not diagnosis is an important distinction for Survivors. This power has been harnessed to form self-advocacy networks, such as Survivors Speak Out and the National Survivor User Network in England and Wales. McNamara shares why her use of the word Survivor is so important:

“Survivor is a term I embrace with pride, because it speaks of hope beyond despair, an existence in spite of life’s traumas and often, inspite of treatment received by mental health services”(1996, p198).

These Survivors offer important teaching; their frameworks are often emancipatory and their work seeks to identify and improve the social conditions of other Survivors, rather than simply medicating them into passive submission. Faulkner’s ethical framework for Survivor research (2004) is utilized in this study and represents a much higher standard throughout the research with which to value people’s lived experience, safely. The contested world of Survivor work, has even begun to influence national health research to include service users with lived experiences. In

addition, that bastion of male control known as psychiatry has begun to show that it acknowledges it must reform a little, in order to maintain its hegemony by embracing the social context of poverty in which the individual sits (Priebe et al., 2013). It would be useful, based on data from this study, if it also embraced the experience of violence and rape when considering how to 'treat' its patients. There is a similar problem with the notion of recovery in mental health services. This is not a fixed location of Survivorhood or recovery, or even safety. This is a fluctuating, shifting space which women can jump out of, but find themselves back inside.

Janet: I'm just living every day. Sometimes I might feel like a Survivor, but not when I go back into the ward where it happened. Not when I see my ex with my kids. You can't recover from your life and go and live on an island – it would go with you.

In order to recognize this intra-categorical space, some feminists choose to talk of victim-survivor (West, 1999), but this was not a chosen term by any of the participants in the focus groups. Nevertheless, Janet has managed to bring her experiences into her identity in a functional, pragmatic way.

What can be said from the data is that Survivor status has a role in contesting diagnosis, labeling and stigmatizing for some women that victimhood does not. For the participants in this study it is linked to anger and pride, rather than passivity and weakness. Whilst this is mostly concurrent with feminist and Survivor constructions that are recognized in the literature after rape, it is originally explored with victims and Survivors themselves in terms of disabled hate crime.

6.3 Distress, Disability or Deafnicity?

When this study began, it was ontologically grounded in the values offered by the social model of disability. However, the use of Survivor frames in which to pursue social justice whilst writing in gendered solidarity and action, seems compelling, given these data. But in the binaries of the social model or Survivorhood, categories too begin to collapse.

Ivy: It's too confusing for me. I use a chair, so I'm a cripple. I'm mental in the head because I'm depressed. I'm a victim because of that b*****d. Where am I supposed to go? I'm just me.

This is where intra-sectionality is useful; Ivy's location as subject in her own life does not want to be shifted by having to belong in different groups, where stigmatizing labels occur on the grounds of her physical impairment, access needs, rape or mental health service use. The usefulness of categories collapse both when people choose not to identify, or to identify with a physical or diagnostic label that they have learned to use about themselves. Distress, a newly employed term designed to remove diagnostic labels (but still to talk about an impairment, not a barrier) was chosen only by one participant.

Tufty: I got the book off the internet. NICE [National Institute of Clinical Excellence] were on about talking about mental health like distress. But they didn't even notice anyone might need services after a rape or hate attack, or both! Some bloke wrote that. I thought, I'm invisible again. And so yes, I was distressed!

Whether Survivors or victims are involved in user-led work, there are opportunities for academic systems and medical categories to be powerfully shifted. But when

words and models are foisted on communities by the state, social workers, Police or mental health professionals, they are usefully resisted. The strongest identity models here seem to be those of Deaf people, who choose to see themselves as a minority group with their own language and religion, entirely rejecting any notion of being 'fixed' with a cochlear implant. This Deafnicity (Lane et al., 2010) is a place of pride and solidarity, quite different from disability constructs.

Jo: I married a Deaf man and we want to have Deaf children. You don't say that about your disability, because you are ashamed. Deaf are proud. But we can work with you to include more Deaf women who have been abused or who are anxious and need help.

This is not an either or binary choice, between victim or Survivor, Deaf, distressed or disabled, according to social movement theory. Della Porta and Diani demonstrate compellingly, for example, that groups do not have to be homogenising or impose identities to be part of a broad struggle for rights. They see identity in social movements as being nurtured in small groups (2006, p96) but argue that it is solidarity between these groups as being important to maintain, revive and effect collective action over time, as many disabled activists, feminists, Deaf women and Survivors may seek to do. So, as allies against oppressions, disabled women, Deaf and Survivors are using our own chosen campaigns, strategies, strength and focus on our own struggles as part of a wider struggle for social justice after disablist hate rape.

6.4 Crip, Queer or Outsider?

The clash of cultural experiences of LGB and TQI women who become disabled after hate rape, demonstrates that intra-categorical approaches are crucial to ensure culturally competent services and representation.

Eva: We are supposed to be strong and love our bodies. But when you get a disability, that's hard. I had to learn about disability history but I didn't feel like I wanted to be a disabled person. I resisted it for a long time.

There emerges a need for a cultural recognition, which moves beyond the political macro-structural arguments about barriers and provision of services. Here, invoking the notion of intra-sectionality (McCall, 2005) introduces the applicable theory of working between cultures and categories; this reflects points on the matrix which are not simply the additive sum of gender, sexual orientation, ethnicity and disability.

Eva: I couldn't even get into our project for months [due to access barriers].

When I did get up them stairs, there were all these shiny, glossy gorgeous half-naked pictures up. I thought – that's not me now – I saw it differently. We can't say different bodies aren't beautiful, not after we've fought for gay pride!

Here, Eva explains how, in order to effectively counter homophobic hate crime against disabled people, LGB and TQI groups may need understanding of intra-sectional approaches to address disabling sub-cultural constructs of beautiful bodies (Atkins, 1998) and the stigma which often desexualizes disabled people. Disabled people's organisations will also need to understand cultural pride in identity, for

which we need to move further than the social (Oliver, 1992) or affirmation (Cameron, 2013) models of disability. At these intra-sections, the cultural and theoretical spaces between Queer and Crip theory and identity offer popular frames in which disabled people and LGB and TQI people be theorised, mirroring their connections between movements in the Outsider arts space.

Subculture is important in contesting the reproduction of dominant representations; in this way, disability art is “Transformative” (Castells, 2004, p2) in a number of ways, through visual art, theatre, dance and comedy. When this is collectively celebrated, for example when at DaDa Fest, our identities stabilize as we see our bodies and experiences represented culturally.

Daz: I go to a theatre group. We do plays that are really good and some people are professionals now – they earn money – proper wages for a proper job. One of the girls is a photographer – she does lush pictures. They are dead real but they scare some people who haven’t seen what happens to us.

Here, the disability arts movement remains unique as a site where disabled people can take their own agency to explore and challenge ‘natural’ perceptions of impairment and beauty and makes recommendations for mainstream artists and culture-producers to tackle ableist representations. This is in contrast to arts as ‘therapeutic’ in hospitals, or mainstream productions which use disabled people as actors but not producers or writers; Daz explains how artistic integrity and professional artists emerge from disabled people’s groups as a cultural site of agency, not only campaigning. Darke (2003, p2) goes further, calling disability art “A threat to the core .. aesthetic values and the barbarism of contemporary culture.”

However, artists such as self-defined Survivor Tacita Dean moved away from disability arts in 2000, to identify with 'Outsider Art' in order to retain cultural capital (Darke, 2003, p6) and collaborate in spaces where identity labels are not limiting.

More recently, theorists increasingly try to inter-twine the queer and crip categories (cf. Kafer, 2013) and Haraway's (1985) famous Cyborg Manifesto may be in part responsible for this turn. However, whilst Kumari Campbell and Kafer are both women with impairments who concern themselves with ableism and crip identity respectively, this post-structuralist project is still problematic from a materialist, social model point of view. Haraway's imagining of the cyborg, for example, through which people and machines transform, may not be a useful mobilisation for some disabled people who reject cure, technology and embrace their experience of impairment as part of their identity, or who live in poverty and inevitably would not be able to afford the technology with which to transform themselves. Similarly, the concept of ableism is growing in popularity in Australia and the USA. This is interesting identity work concerning the perfect corporeal standard of beauty and perfection of the body, but it does not tackle the material inequalities that the disabled women in this study face. Whilst queer as a category allows queer heterosexuals to identify with the LGB and T movements, they do not experience the same discrimination and harms of hate crime; they can choose to move out of that identity when it is convenient. Similarly, internal reflection on white privilege by white people is important to expose prejudice and transform relations, but this practice does not materially require collective political action to tackle the structural conditions of racism. Ella Baker and Malcolm X did not ask white people to consider

their individual identities in calling for a revolution; they instead asserted the civil rights of the minority group to equal education, employment and justice in law. This study deliberately and politically focuses therefore on the re-production of ableism in society, institutions and communities, as well as concerning itself with how women resist these barriers, rather than the formation of identities through ableism, queer or crip constructions. The thesis will now turn to explore group spaces where women are comfortable as whole, embodied people. As Hill (1994, p7) stated:

"As a black disabled woman, I cannot compartmentalise or separate aspects of my identity in this way. The collective experience of my race, disability and gender are what shape and inform my life".

Therefore, this study argues that it is rarely isolated identity construction that promotes survival after ableist hate crime. It may well have been my priorities as the researcher that meant the post-structuralist constructions of crip and queer have not surfaced in the focus group discussions in this study. It is therefore for future research, perhaps more culturally easily conducted in the Global South or USA, to ascertain whether it is a useful concept in the fluidity it offers, with disabled or Deaf women who are victims and Survivors of ableist hate crime and rape.

6.5 Social happiness after ableist hate rape?

Having explored the use of individual identities from victim to Survivor and Deaf woman, the chapter now analyses the collective agency that women take to become subjects in our own lives rather than objects of ableist hate rape.

In analyzing these data, I noticed that the Sylheti-speaking women seemed to not discuss the levels of distress that others communicated, despite seeming to stay with the abuser.

Orpita: We just get on with life. Why do anything else?

This does not seek to minimise Orpita's experiences; although South Asian participants seemed to present as more resilient, this does not mean that they need less access to services or justice. But it may mean that Black British and South Asian women may cope better with experiences of oppression, though more research is needed.

Kelly: Face it, when you've grown up a Black girl you expect rape and racism.

But you grow up knowing that you will get over it, too.

There was also a short discussion in one focus group about how the women stayed strong after being raped by men. Orpita explained that the women's group, which had come together informally, while their husbands and fathers were working late hours in the restaurants in the town, was their best form of support and information.

Orpita: They think all we do is the children play and we pray. Sylheti women are clever too! [Much laughter and nodding from the group].

Shazia: Having our group is better than tablets!

Dharma-ma (Facilitator): Why?

Shazia: Because our friends, they do not come with instructions! Our mothers know what happens but they will not put us out on the streets.

In these women's conversations, the intersection of race, gender, disability and violence seemed to show more care for others in the group and family members; Rosenfield (2012) similarly found positive mental health with some Asian women after crime, when their regard for other people was balanced with their own.

Might it therefore be social capital which has the protective effect? For the Sylheti-speaking women in study, collective support from other women in the family promoted dignity and calm, over control of money or buying items.

Orpita: I go to my friends and we talk about other things. I do not need money for that. We might be quiet and bake together, or fold washing and just talk. You don't have to cry or be loud, you can just be there, or she comes to my house and does the same.

Here, it may be either the bonding social capital (Putnam, 2001) or reciprocity, or both, which forms the trust that seems more valuable more than individual counselling or formal state responses with victim services. This may be different for male victims of crime, as women are sometimes perceived to be happier in social situations (Tkach & Lyubomirsky, 2006). In addition, one of the lesbian participants recognized the importance of belonging and recognizing identity.

Junior: If I hadn't come out it would have been a lot harder. My LBi group understand what has happened and how it can mess with your head if you don't start to get out as soon as you can afterwards.

This correlates with the protections understood by Doyle and Molix (2012) in relation to the stronger mental health of gay men who come out. Similarly, Ahmed acknowledges that happiness comes from "Being aligned with others" (2010,p45)

and discusses the values of these connections. This model requires further research, particularly with disabled people who have been isolated in institutions or from people who are not paid to be in their lives. Recommendations about a model which might assist in this connectedness, is made in chapter seven of the thesis. A future paper will analyse further material from the focus groups in this study, invoking the concept of social happiness, but this is outwith the defined research questions of this thesis.

6.6 Collective Interventions

As the literature review in chapter two demonstrated, much statutory provision after crime (for example, Sexual Assault Referral Centres and counselling services) is focussed on supporting victims and Survivors in first hours and days after the attack, often to report their crime and have support through the criminal justice process to reach prosecution of the perpetrator (DH, 2009). However, fewer than 5% of disabled or Deaf women in this study had reported rape and been believed, so it follows that victims are unlikely to benefit from accessing interventions scaffolded around the criminal justice system. Sexual Assault Referral Centres (SARCs) in hospitals may assist in men and women to benefit from more dignified forensic assistance than in previous years when they would have been examined in a Police station. But if disabled or Deaf women do access mainstream services, they may find them not be culturally competent or inaccessible. In a still under-researched area, research estimates of the time it takes to return to prior life after rape varies between 6 and 34 years (Burgess, 1979, Marhoefer-Dvorak et al., 1998), whilst

students perceived that victims would recover 13 months after an attack, the psychological trauma lasted on average 7-9 years (Schneider et al., 2009). This under-estimate of the length of effects by people not affected by violent, sexual attack themselves, may be useful in demonstrating how services not run by Survivors themselves may be unsuitable in properly understanding the effects on the victim or Survivor over time. Similarly, Osman (2011) concluded that similarity in experience can facilitate rape empathy. So which interventions did participants in this study identify as most effective?

Kathleen: If it wasn't for the group, I wouldn't have gone out.

Susie: What's good about the group?

Kathleen: We are all self-advocates. People like us [with the label of learning difficulty] come to the group and we talk about what we should do about problems. Then we say how we can help ourselves then we plan things.

This is not a group of passive service users, but an active group of people with the label of learning difficulty who learn about their rights and support each other to overcome barriers to independent living. It includes a sub-group of women after rape and disablist hate rape. This approach is distinct to that of (often non-disabled) 'professionals' setting out to, 'empower' service users; instead, disabled people, who are the experts from their own experiences of the barriers they have encountered, support each other people along their journey and the groups create the space where people can take their own agency, choice and control to move on from the victimisation or segregation. Assisting future victims by improving services may be seen as an altruistic act, which Straub (2010) shows can improve the happiness of individuals.

Susie: How does it help after hate crime?

Marge: We done a training pack. It's in easy words and pictures. I'm in it, too. We train Police and council to be better with disabled people.

Susie: Do you think it works?

Marge: It does! You see it in their faces. They come thinking they know it all and they listen and ask us questions and you know they will be nicer next time someone from a group needs help.

This is a compelling example of interventions delivered within disabled people's organisations in the community, rather than separate victim support organisations.

Engagement with self-chosen activities, with the support net of a specialist crime project, allows a consistent pathway out of victimhood which may prevent a disabled person after hate crime, rape or domestic violence slipping back into re-victimisation and isolation. Activities of the group also include wider societal education to change attitudes to disabled people and remember our past.

Kathleen: We did the Holocaust DVD as well.

Ailsa: What was that about?

Kathleen: We were saying how good it is to have learning difficulties. We had pictures of people like us killed in the gas chambers and we showed our lives now. We went to the service with other people and they learned why we are important to keep alive.

Marge: We lit those candles and [name of group member] nearly tipped the lot over with her chair! I said eeee – be careful – dead loud and we were in a church. People were sniggering!

In another focus group, the value of disabled people's projects within refuges and women's organisations were also identified.

Doris: I know My Sister's Place. It was a refuge but it's grown. It's good for women cos you can say to people, I'm going to my sister's place. If they don't know what it is it sounds normal, not like a project. Clever, that.

Susie: What's good about the work there?

Becks: I look after old ladies from there.

Susie: You do?

Becks: Yes. I go and visit them and put the kettle on. They think I pop in because I'm lonely but really I'm looking after them.

This reciprocal arrangement, which ensures each group of service users thinks assist others to live independently. These women are supporting one another after rape and violence, but in a more reciprocal and less isolating way than would be the case if they were passive recipients of services. This becomes a social network which provides, 'A sense of purpose, belonging, security, as well as recognition of self-worth' (Kawachi & Berkman, 2001, p. 459). This may be particularly important in cases where disabled women were isolated by the perpetrator in order to revictimise them.

Kathleen: When I was in [name of institution] I only knew other people in there and the staff. Now I know people on buses, in Greggs, in the museum even. I go all over now. I feel part of the area.

The number of people in a disabled person's life who is not paid to be there may be a useful indicator in terms of reducing isolation and therefore risk of violence. More

research is required here. Involving disabled people in their own aspirations and, 'meaningful activity' as it is termed in social services is also important.

Eva: I have a support plan. It's about being safe, but it's about going to clubs to dance to music, too. I'm going to college as well and I'm going to get a cat when I get my own place.

Ensuring the intervention meets the needs of the person can be achieved by including a victim's safety and security in the person-centred plan that helps to outline support needs. By gradually introducing a disabled person into a new area through regular contact with people in the area in social and community environments and building a workable circle of support before the person moves into supported or independent living, problems of isolation and risk of harm can be reduced substantially and prevented.

Barb: I got a Circle. That's good that. Better than the f*****g secure unit. I've been in there less since I got a Circle.

Circles of support, popularised in Canada, allow several people (and not only paid workers) to formalise the parts they play in a disabled persons life and problem-solve (Gold, 1994). This can extend opportunities for managed risk, prevent the need for expensive crisis intervention and enable a person to fulfil their aspirations; they therefore may have an important part to play in reducing isolation and risk of abuse or hate crime. They have not yet been utilized to great extents with Deaf victims or Survivors, as the focus has mostly been on provision for violent offenders to date, so

more research is needed here. Circles may also prevent misguided attempts by staff to keep disabled people safe by further isolating them.

Linda, one of the participants, first attended the focus group wearing a blue pinafore, red T-shirt, white tights and flat shoes with a bar across them (reminiscent of primary school uniform) and clutching a rag doll. I am concerned about discussing this in research, as it may make Linda very easily identifiable to people in the area, despite her name being changed, but it feels important to mention. I have known Linda (and mentioned her distinctive style, about which she is proud) for several years but had no idea before this focus group session that her style of dress was purposefully constructed after the attack to keep her safe.

Linda: Aye. I wear girls clothes now. Not tarty ones. It stops men lookin' at me like a grown up. I don't wear some things in case it gets me attacked.

Ivy: Do ye think that's all right, having to do that?

Linda: Aye. I can't lead them on.

Ivy: F***ing hell, pet. Why who says that to you? It's not your fault! [Name of a non-disabled woman from the group who is not present at the workshop] wears that thing on her head that –

Brenda: Howay man, Ivy. Burqa – you mean burqa.

Ivy: Aye, I know, I know. And.. anyway – em what was I sayin'?

Charlotte: That's it's not our fault.

Ivy: Aye, that's it. [Name of woman] it didn't stop her being battered! Don't blame yourself, pet, or we are all screwed.

Linda: Sorry.

Ivy: An stop saying sorry as well, pet. [Laughter in the group].

The infantalisation and segregation of people with the label of learning difficulty by well meaning non-disabled people is problematic in this field. Some projects continue to segregate learning disabled people from other disabled people and use rag dolls, rather than age-appropriate accessible information. In contrast, interventions in which women develop campaigning and resistance in organisations can have important roles in supporting each other families and tackling the barriers which perpetuate hate crime. Linda now dresses as a woman in an age appropriate and stylish way, without infantilising plaits and she no longer carries a doll with her.

These data have shown that it is the strength and support of disabled women after disabled hate rape that works to keep us safe and survive, not state interventions, though they have a role in limited circumstances. No chapter about interventions after hate crime would be complete without a recognition of the work of Doreen Lawrence or Sylvia Lancaster, both mothers who have fought to right the systemic wrongs after the murders of Stephen and Sophie, respectively. Their work shows the value of campaigning for justice for other families and victims in one's own recovery. However, for many women, the answer does not lie in organized groups, tackling the criminal justice system barriers or interventions, but in simply regaining social life after enforced isolation, either by state segregation or at the hands of a perpetrator.

6.7 “It happened in B&Q!” Life afterwards and Survivorhood

One participant, Charlotte, had found mainstream victim service groups to be inaccessible and insensitive after rape. Eventually, Charlotte regained her life with a neighbour reaching out to her.

Susie: So, what changed to get you to go out of the house?

Charlotte: It was my church. A lady came round, one of the elders and said she hadn't seen me for a long time. I told her I'd had a bad time – been poorly – like I didn't like going out. I didn't tell her what had really happened an' I felt s**t for lying to a church lady. But she was dead nice and said she'd come and get me.. she got a car – and drop me off home after service. Once I'd gone there they - asked me to other things, like choir and that. I like that. It's really helped. Well, helps – even now.

Jo: My church is good. We have drums and signers.

It is interesting that Christian religious groups play such an important role in supporting isolated people to gain a life, when the churched have played such a role in preventing justice for victims after systemic, institutionalized abuse. However, for some of the women, the important activity was linked to the church community, rather than the faith itself, as Charlotte explains about the choir.

Charlotte: It's one night a week, gets you right out properly, then you are tired when you come back so I get a proper night kip [sleep].

Doris: What do you sing?

Charlotte: Allsorts – not just hymns and that. We do African songs and classical. [She becomes animated and her shyness appears to leave her. Her voice speeds up and goes higher in pitch]. I've even been to the Sage [a

prestigious music venue on Tyneside]. Never thought I'd ever do things like that! There's about twenty – proper members - so you can hide in the back and we all wear black so ye don't feel stupid with what you wear. I look forward to it. Then I practice at them as well. An you can talk to people there - like men – and not think they are ganna get you into bed, cos they're all for the singing.

Proulx et al., (2012) may well situate church and faith activities as compensatory control after violence, but none of the participants discussed this view. More research about the mechanism by which faith operationalizes in disabled or Deaf women's lives after violence may be indicated in the future, given the complicated relationship between church and institutionalization. For other participants, singing was an effective group intervention without the religious affiliation.

Ivy: Aye, there's Them Wifies, they're good, an all. [Them Wifies is a women's drama and music project in Newcastle]. Singing makes ye feel good, ye knaa, better than sex! [Laughter].

Other women found solace not from groups, but friendships and contact with strangers, which reduced isolation but did not require extrovert personalities, which may be more necessary if one is to enter a new group for the first time.

Amy: I got a flat from the Council and it was nice but I was lonely. Then a lass moved in down the road a year later. I had seen her at playgroup so I said hello. She was really scared cos her lad had beaten her up. She came round for a cuppa.

Susie: How did you help each other?

Amy: I was getting grief from child protection, saying I couldn't look after my kids and I was having a home visit due. I was crying this day when she knocked. She asked why I didn't want them round and I said cos the paper was peeling.

Susie: What did you do?

Doris: Was that when the group got you a loan from the social, pet?

Amy: Aye. So me and [name] we dropped the kids and went to B&Q. I was looking at all the paint colours and I couldn't decide. I thought maybe I should do the bairns bedroom instead. Then [name] said what do you want? I thought – I like that one [starts to cry]. So it happened in B&Q! I got me back. It was the first decision I'd made for myself. Just for me. Not the kids, not him, not the social. For me.

Doris: We are rubbish at doing things for us, aren't we? [laughter].

Amy: I know. I felt selfish but I stayed up all night. I painted the front room and the bathroom. The social worker was well impressed. I was dead proud.

6.8 Conclusion: Identities, Interventions and Pride

Having exposed the persistent barriers to justice and safety experienced by disabled and Deaf victims and Survivors in England, this chapter considered how disabled and Deaf Survivors resisted the disabling the cultural and state violence in which ableist hate rape continues. The chapter has shown how disabled and Deaf women best resist their location as defective objects of care (Rousso, 1988) by gaining pride in

their identities and supporting each other collectively. It then considered whether identities of victim / Survivor, disability or distress were useful and explored the spaces in which survival occurred for the participants.

Some of the South Asian women appeared to rebuild impressive mental health reserves and collective support from other women after their attacks, having perhaps framed family and their sense of self and identity differently to that of other victims in the group. Had we not involved these women in the analysis, we might have assumed from self-reported surveys that rape had not hurt them emotionally as much as for white disabled or Deaf women.

Avoiding a voyeuristic gaze on the pathologised psychological impact of disablist hate crime, this chapter has taken a grounded sociological view and analysed participant discussions of the cultural constructions of victims, hate rape and disability. These data show that, for disabled women, the useful focus is not in questioning one's own identity after trauma, through individualized counselling or managerial empowerment procedures, but that the access to survival was best achieved through working altruistically with others, around a shared activity.

This shared pride in working through our experiences of hate crime together afforded us the space in which we could identify how we pleased. We could 'try on' new identities such as feminist, disabled or Survivor, or new pseudonyms for research which we had chosen and which held none of the residue of service use or perpetrator relationships. We laughed and familiarised ourselves with these

identities without fear of reprisal, ridicule or dismissal. In sharing our cultural and political constructions and helping others, we began to help ourselves to a discovery of control and choices which, for some of us, had been missing since our experiences of violence.

This chapter has shown that disabled and Deaf women's victim and Survivor groupings can resist the risk of victimhood ghettos, by being in control of setting their own priorities, supporting each other's campaigns and sharing time to work together. Calls for mainstreaming have been useful to feminisms politically in the last three decades and disabled people may learn a great deal from the seizing of these political and supra-opportunities. But for isolated women needing safety and support after hate rape, the priority is in accessing collective safe spaces in which we are not labelled as patient, service user, resident or victim. By choosing these spaces, evidence shows that we can gain more safety and justice than in criminal justice or health settings (Robinson & Hudson, 2011). In safe spaces, with other women who understand our experiences, disabled or Deaf women do not have to normalise, appeal to hegemonic masculinities or present learned narratives in order to access valuable and restricted services or freedoms. But for disabled and Deaf women after rape, these places were still often rare or inaccessible.

The benefits of altruism they gained in campaigning in working for justice for other women, as well as singing in choirs have been described as being important in self-salience and improved mental health by some participants. This echoes the findings of Doyle and Molix (2012), in relation to the protective effect of group identity for

other minoritised men and women. However, this is the first time these findings have been located in relation to disabled women, women after rape and disabled hate crime and may be important in asserting the need for user-led services and resources for Survivors in the future. On an individual level, decorating their own rooms for the first time and having pets were important for some women, but others are excluded from these opportunities by institutional living, poverty or on-going victimization.

7. Conclusion: What is to be done?

This thesis began by discussing gaps in knowledge about life after disabledist hate crime and particularly hate crime involving rape perpetrated against disabled women. The need for this study was brought into sharp focus by the dehumanizing attack on Christine Lakinski in 2007 as she lay dying in the street and the escalating attacks, rape and subsequent murder of Gemma Hayter in 2010. News of these attacks was experienced as "Message crimes" (Iganski, 2001, p630) by other disabled women; messages about the lack of value of their lives and lack of a right to dignity. Statistics indicated these were not isolated cases; 63,000 disabledist hate crimes were estimated in the twelve months from April 2012 to March 2013 in England and Wales (CSEW, 2013). Recent international evidence had already demonstrated that disabled women are between twice (Smith, 2008) and four times (Martin et al., 2006, Casteel et al., 2008) more likely to experience serious sexual assault than either disabled men or non-disabled women, although some commentators suggest it may be up to ten times the risk (Viermö, 2004). These rapes do not exist in isolation; problems for victims and survivors in England and Wales are compounded by escalating attacks and high attrition rates from incident to prosecution, with a lack of joint working between criminal justice services and social care agencies reducing the safety and justice available after disabledist hate crime and rape. Put simply, for every one prosecution identified in Parliamentary Questions in 2012 (Hansard, 2013), there may be 180 incidents of disabledist hate crime perpetrated (CSEW, 2013) and this estimate does not include incidents in institutions or with women who do not use English as a first language; this compares unfavourably even to Gadd's (2009) robust estimate of 35 racist hate incidents to every one prosecution.

Statistics have begun to emerge, analysing the prevalence of disabled hate crime in the community (cf. Nocon, Iganski & Lagou, 2011), so measuring the scale of the problem quantitatively was out-with this study. However, literature about the lives of disabled people after hate crime in their own voices was scant, as chapter two of this thesis discussed. Existing literature about disabled people has sometimes pathologised disabled people by diagnosis label or constructed them as perpetrators of violence (Blasingame, 2005, Browning & Caulfield, 2011). In other studies, researchers gained data from accounts by staff in institutions (Langstrom et al., 2009) or family members incidentally as part of other research (Goodley & Runswick-Cole, 2011). Other studies have variously excluded the range of experiences by limiting focus to impairment specific groups (Brown & Turk, 1992, Mind, 2007, Action for Blind People, 2008, Hollomotz, 2011), thus perpetuating the disabling problem of isolating disabled people from each other and categorizing people by the medical label assigned to them. Even important literature which concerned disabled women attempted to apply models of non-disabled women's domestic violence unproblematically (Brownridge, 2006, Hague et al., 2008). Other literature in disability studies has been critiqued for heteronormativity, leaving invisible the experiences of lesbian or trans disabled women (Morris, 1996).

More recently a Statutory Inquiry into Disability Harassment (EHRC, 2011) included analysis of the extent of disabled hate crime, but the terms of reference for the Inquiry excluded people in institutions. Emerging research around hate crime against disabled people and the pilot studies for this Ph.D research have been important in beginning to write disabled people's own experiences into the literature

in England and Wales (cf. Balderston & Morgan, 2009, Sin et al., 2009, Balderston & Roebuck, 2010, Roulstone et al., 2011). However, several other recent studies have been important in raising awareness, but have largely concentrated on gathering data about disabled hate crimes from newspaper reports in England and the USA (Sherry, 2010, Briant et al., 2011, Quarmby, 2011); this method of data collection may risk sensationalising or distorting the shape and significance of the issues in most cases.

My Ph.D research aimed to address some of the gaps in these studies and crucially worked with disabled victims and Survivors as experts in their own journey, involved in the project from research design (identifying rape as a central issue for research) to disseminating the findings with policy makers, inspectors and service providers. The research exposes the aftermath of rape against disabled women as a particular weapon in escalating hate crimes perpetrated in institutions, by families and by multiple attackers. These were not isolated 'stranger danger' crimes as is often popularly imagined about hate crimes, but escalating and normalized rapes perpetrated in a climate of fear and dehumanizing humiliation against disabled and Deaf women. The "In terrorem effects" (Perry & Alvi, 2012, p57) of these attacks extended to other disabled women living in the institution and disabled women who heard or read about the attacks living in the community or using other services.

Within hate crime studies, a research gap existed in which to explore the intersectional requirements of victims and Survivors, as indicated by Perry (2003b).

This study has begun to address some of these gaps, working with diverse women as participants in, rather than objects of research.

Chapter three of the thesis outlined the standpoint feminist epistemology (Harding, 1991, Letherby, 2003) which was employed in this research design and delivery, ontologically underpinned with the social model of disability (Oliver, 1992). The thesis argued that focus group methods from feminisms were particularly appropriate for work concerned with collective interventions in sensitive subjects such as rape (Bergen, 1993) with otherwise isolated participants. The use of focus groups is particularly relevant as hate crime is not only an individual crime, but one which ripples harms across the wider community of identity (Iganski, 2001, Noelle, 2009). It may be difficult to ascertain the impact of these ripples without discussion between women affected by them. Given the isolation that disabled or Deaf victims and Survivors experience, contact and interaction with other women was indicated in the research design.

The study included diverse participants; 82 victims and Survivors, including Black disabled women, women from South Asian communities, Deaf women, lesbian and trans women as participants in nine focus groups throughout the North of England between 2010 and 2013. A Survivor ethics framework (Faulkner, 2004) was utilized to ensure participants, facilitators and the researcher were safe during the research, especially in ensuring consent, disclosure information and capacity of participants was handled as ethically as possible.

This study has demonstrated that, rather than being passive victims, disabled or Deaf women who are victims and Survivors can actively resist their victimization and survive well after victimization, if they have safety and control over the process and services they use. Individually, women exhibited strategies of resistance during or after disabledist hate crime or by attempting to report the attacks. However, this often led to further victimization, either by the perpetrator, his colleagues or acquaintances. Women also reported being disbelieved, or misunderstood. Mainstream support services were found to not usually be culturally competent or accessible in working with Deaf victims, Survivors or disabled people with the label of learning difficulty after disabledist hate rape. In contrast, this research found that disabled or Deaf women can work collectively to assist other victims to survive, campaign for citizenship and rights and to remove barriers to access in statutory victim, social care and health services. Despite these important findings that altruism is as important to Survivors as receiving services themselves, there are limitations in this study and its findings, to which this chapter will now turn.

7.1 Limitations of the study and areas for future research

This study has begun to address the intersectional research gap of hate crime and rape against disabled and Deaf women, involving victims and Survivors themselves. All social science studies have flaws, limitations, restrictions and areas for improvement if the study was repeated; this thesis is no exception. This study was primarily limited by the time and resources available. Funding sources (£19,085 from Northern Rock Foundation Safety and Justice Fund) restricted the sample to the North of England and work with 82 women. However, there are different patterns of

poverty, incidence of crimes and experiences which intersect in the rest of the UK and globally. Further research with larger numbers of victims or Survivors is needed to illuminate the nuances of women's experiences in other areas. A further £970 from the Annette Lawson Charitable Trust enabled the involvement of disabled women who had experienced institutional violence from outside the North East and Cumbria to participate in the focus groups, providing travel and personal assistance support to attend. However, these cases were too few to be representative, draw generalisations or patterns from the women's experiences and further research across the UK was indicated.

The research did not include disabled children in its design or execution, but 19 participants discussed early sexual violence in their lives before the age of 16. International data of rape and sexual exploitation of girls in institutions (looked after services, young offender institutions, religious institutions, segregated schools and residential colleges for disabled people) needs to be contextualized with the voices and recommendations of young people who have been exploited in contemporary years. Whilst this work may be ethically challenging to make safe and gain access, it is important research for the future. The UN Convention sets out clearly that children should be heard and involved in services about and for them; this research study may offer a model of focus groups and peer support which could be adapted to be culturally competent and appropriate with girls and young women.

In terms of validity and reliability, this study talked to women victims and Survivors themselves, rather than relying largely on analysis of media reports of cases as

Sherry and Quarmby have done. However, the participants self-selected to be involved in the study. This is problematic, as they may be more likely to volunteer at a later, rather than crisis stage of their journey after the attack. There will be women with experiences who are not yet able to leave the perpetrator or institution to disclose and women who do not yet see themselves as victims or Survivors, if the extortion or grooming is very effectively perpetrated. Other disabled or Deaf women who resumed their lives and survived rape and hate crime, may be in new relationships, isolated, busy working or outside the area and unwilling to discuss their experiences of violence at a moment in time. Though this was the first study to include disabled women in institutions and in the community in the same focus groups, it was unable to include women currently in prison or detained under the Mental Health Act at the time of the study.

A web-based survey, also available in a range of formats and languages and accessible by assistive technology, with questions mirroring the Crime Survey of England and Wales, may be helpful in the future to extend the reach for participants. This survey should include information about many areas of disabled people's lives, as well as violence, to reduce self-selection bias. A standardized instrument could be utilized internationally, to begin to determine patterns of victimization, survival and resistance to violence. This mixed method approach is widely indicated alongside, or including focus groups, in the Americas (Brutus, 2013). In addition, focus groups with professionals may have helped ascertain how the barriers identified by the women occurred in services and how they could be overcome. Had the study been larger, longer, with more resources and national reach, it may have involved these mixed

methods approaches, which are strongly indicated for future research validity in the field.

Despite the limitations in recruitment, the feminist focus group method was used rigorously and consistently to explore consensus and disagreement between different women. They made and discussed a range of practical and policy recommendations for services to overcome barriers. However, the analysis of types of interaction in the discussion itself was not discussed in as much detail as possible, due to length constraints in the thesis. A future paper thematically exploring the use of humour, resistance and peer support with Survivors in focus groups, mobilizing discourse analysis and queer theory constructs to explore normative service responses to disabled women's sexual autonomy and consent, may assist to address this limitation.

In terms of analysis of data, I had hoped that participants would be able to illuminate any use of self-help material or web-based support systems. However, these themes did not emerge from the coded data; further research may be indicated to explore the barriers and differences between disabled / Deaf or non-disabled women after hate crime or rape utilizing these mechanisms.

As a feminist standpoint researcher, I have acknowledged (and tried to address reflexively) some of the biases and privileges that I brought to this research. However, there is individual sifting of material included and analysed in the thesis,

which will be more focused in selection, than may have been the case if a large (and more diverse) research team had the chance to discuss and code the data.

Despite these limitations, several original contributions have been made by this thesis, both in terms of substantive contributions to the fields of hate crime and disability studies as well as methodological contributions in relation to feminist criminology.

7.2 Original contributions from this research

Three original methodological contributions from this study have demonstrated how disabled and Deaf women, from a range of communities and with diverse access requirements can participate equally, safely and independently in focus group research. Firstly, printed ethics and consent participant literature was made as accessible as possible. It utilized Easy Words and Pictures with large print as standard for participants, rather than a 'normal' version and separate information sets for people with a range of impairments on request. The information and printed information and consent pack was aligned with the left margin; often pictures and words are staggered across the page, which makes scanning difficult for people with visual impairments. The method used in this study meant that participants using magnifier software could independently access the consent and study information without being distracted by the images (see Appendix Two). This research utilized the Change Picture Bank, a set of photographic images developed by self-advocates with the label of learning difficulties; this is not in itself original, but is an

improvement above infantilising cartoon images or rag dolls sometimes chosen in research about sexual violence, crime or health with disabled people. Black and white versions of the consent information were utilized with three women who had rigid thought patterns and who wanted to avoid over-stimulation. Consent information was also provided in Braille and audio. The use of inclusive consent information ensured that women with dual diagnosis had their access requirements met and that women were not easily identified by impairment in the group sessions. Ways in which the participants could access this information over the internet in private browsing windows were also derived, to prevent further victimization where the perpetrator was still in contact with the woman.

Secondly, co-facilitators and trained citizen advocates with an experience of working with people after violence were utilized to ensure safe access to focus group discussions. Advocates were on hand in breakout rooms for focus groups, in case participants wanted advice, to talk or lost capacity to consent to being part of the research or disclosure required safeguarding procedures to be implemented immediately, for example in the case of threat of post-separation violence. The study also trained co-facilitators from communities of identity, including a Deaf woman and Sylheti-speaking woman to facilitate the relevant group discussions, with the researcher acting as moderator and graphic facilitator in these groups. One participant with speech software was given the questions in advance of the session, so that she could participate with discussion. Importantly, interpreters and note-takers were used only for the purposes of the tape, rather than to translate within the discussion. The use of first language discussion was important so as not to

retraumatise participants, or increase paranoia, as the literature review had indicated. A forensic nurse attended one focus group, to ensure safety with a woman for whom the local MAPPA had responsibility and assessed risk. After the focus groups, notes were glossed into English and checked with the co-facilitators and the relevant participants, to avoid mistakes in tone or emphasis, as neither Sylheti nor BSL have written forms of the languages so direct translation into English was not possible.

Thirdly, safe spaces in disabled people's organisations, with the provision of independent personal assistants and accessible transport enabled the participation of women who live in segregated institutions or who rely on the perpetrator of violence in the family for their support. Previous studies have either excluded these women or further isolated them with individual interviews, away from other disabled women. This focus group method allowed these women to safely make links with other disabled and Deaf women who had experienced violence and access further support or information from disabled people's user-led organisations where the sessions were held. This inclusive methodology demonstrates how disabled and Deaf women from a range of communities and with a range of impairments (including women without speech) can safely access focus groups, even in sensitive research with subjects such as rape and disablist hate crime.

These methodological contributions from this study are supported by substantive original contributions to the literature from this thesis. This was the first study with victims and Survivors of disablist hate crime internationally to deliver a feminist

intersectional analysis. This study included Sylheti-speaking disabled women, women in institutions, women with a range of physical, sensory, mental health and intellectual impairment labels, Deaf women, lesbian and trans women. Importantly, it also analysed the impact of impairment on the identity of women who had become disabled by homophobic and transphobic hate rape.

The study importantly found that the shape of sexual extortion in disablist hate rape is very distinct compared to rape and domestic violence against non-disabled women. Previous literature reported disablist hate crimes involving sexual violence to be “Hypersexual” (Sherry, 2010, p100). In this study, violent and aggressive rape appeared to be more correlated with the characteristics of sexual extortion rape (including biting and penetration with items such as bottles and medical equipment and the use of threats to coerce women into being raped quietly or without struggle). From the data in my Ph.D study, perpetrator attacks in disablist hate rape appear to be more located with power and demonstrating dehumanizing disgust against disabled people as a group (commensurate with hate crime), rather than sexual fantasy or urges that are consistent with hypersexual presentation by offenders. More research with offenders will be necessary in this area to ascertain whether Sherry’s model does hold outside the North of England with other disabled or Deaf women not in this study.

This thesis has originally discussed the criminalization of women after disablist hate crime; this is commensurate with findings by Hester (2012) in relation to women who

are criminalized after domestic violence, but is in contrast to the findings of Quarmby (2011) who postulated that women are more likely to be perpetrators in disablist hate crimes. As may be the case with differences in Sherry's findings, this distinction may be a result of differences between emerging data from disabled and Deaf women participants themselves and conclusions drawn from newspaper reporting of cases, which may be distorted at source.

However, there are links with media reporting across studies. Several participants in this study made clear links between the hate rape they experienced and political and media austerity discourses in which disabled people's welfare benefits are portrayed as a drain in resources. This may be commensurate with economic threat theory in relation to hate crime attacks perpetrated against groups where competition for scant resources is perceived by the attacker (Frost, 2008, Chakraborti & Garland, 2009). However, further research outside recessionary conditions may be indicated to see if these characteristics of disablist hate rape change in the future.

Additionally, they may be different for women in different class positions outside of the North of England. There may be a protective effect against hate crime in terms of the resources or, more importantly, control of resources the disabled woman has, but an additional comparative study may be needed to best explore this.

This study has found that, in the North of England, conditions for disabled or Deaf participants within institutions or where the perpetrator is a 'care' worker, are

commensurate with Mason's (2005) findings regarding racist or homophobic hate crime in London; in both studies, proximity with estrangement (contact between groups without relationships characterized by compassion, affection or friendliness) can result in hate crime. This is important learning with potential implications for the specification of future services for disabled people, as well as indicating that further work around social capital and professional boundaries between support staff and disabled people may be useful in ascertaining how people can be kept safe.

Chapter four of this thesis originally contextualized the experiences of the participants after disabled hate rape in relation to Kelly's Continuum of Violence (1988). It demonstrated that rape of disabled or Deaf women has not been eradicated with the closure of large, long-stay institutions in England and Wales and that many attacks perpetrated in institutions share escalating and dehumanizing hate crime characteristics. It set out the barriers to mainstream services experienced by disabled women after hate crime involving rape. Chapter five of the thesis provided another original contribution by writing the experience of audist hate crime against Deaf women into the hate crime literature for the first time; this is an important area for Deaf researchers themselves to take forward in the future. This is an important intersectional area of discussion between disabled and Deaf women in the future; men in disability studies to date have critiqued provision of segregated institutions (cf. Oliver, 1992), but Deaf men have seen this as a departure point in the two movements, asserting the importance of Deaf schools and religious institutions

in terms of Deaf culture and language preservation (cf. Ladd, 2003). How Deaf women and children stay safe in these settings remains to be discovered.

Chapter six of this thesis illuminated the original findings of self-salience and valorization amongst disabled women after disabledist hate rape. This is in line with studies in other minority groups of identity (for example, gay men) but is novel in the disabledist hate crime literature and builds a path through the constructions of psycho-emotional disabledism explored by Reeve (2008) and beyond notions of the affirmation model of disability by Cameron (2013). Further research is needed in the area of the protective effect of pride with disabled people as a minority community.

7.3 Reflexive discussion – praxis between activism and the academy

This research has been a wonderful journey. It began from a feminist standpoint at which I situated myself as an insider researcher; a disabled woman with past experiences of disabledism, violence and using services. Through years of work in the area I was very privileged that 82 victims and Survivors came forward to be part of the project, most of whom had experienced disabledist hate crime involving rape and a few of whom had been raped as part of another hate crime and then become disabled women as a consequence of their injuries. Most had experienced institutional abuse. I realized during the first two focus groups, that I was not an insider as I had not lived residentially against my will in institutions where women had been raped and repeatedly attacked. Nor was I an insider Sylheti or native BSL

speaking woman. Rather than leave these women silent or invisible in the research, I included them by working with insider facilitators. Working with co-facilitators from diverse communities was the most important methodological learning for me, in treading carefully but confidently with diverse women through their engagement in the project while I worked through some of my freedoms. Particularly, I had gained a great deal prior to this project from a mainstream (non-segregated) education and through my hearing and white privilege.

In the academy during this study, I was at times puzzled by the missed opportunities for user-involvement in much sociological research or pedagogy, having arrived in a hierarchical institution from nine years in a user-led social enterprise. Intellectually I was excited but often frustrated by postmodern techno-feminist and queer discourses which seemed to ignore materiality inequalities or my lived experience as a working class disabled woman. But as I grew, I began to experience the privilege of discussion with international academics sharing their time generously in our gender, crime and disability centres of research and I learned how to sharpen my intellectual critique. But the academy is not yet a panacea for disabled women; one very supportive editor told me to “Be careful of we-ing!” as she thought it would harm my career to disclose my experiences of impairment and violence. However, this comment provoked clarity about strategic essentialism and made me think very carefully about audience and disclosure in my writing.

Whilst the groups of trans women, Deaf women, Survivors and disabled women all had distinct identities, we carefully negotiated safe spaces, where participants were

experts (not passive service users). I had been careful to design focus group questions so as not to re-traumatize participants, but some women wanted to share their experiences of the hate rapes, sometimes for the first time and this was negotiated as safely as possible with strong ground rules in the sessions. But some of these stories reminded me of my own identity as a disabled woman and I had to negotiate my own disclosure (for example, having a stoma myself) carefully, given my role as facilitator and researcher. This role centrally included believing and accepting the women's remembered narratives, some of which were wandering or circular at times, as a feminist, political act. There had been some talk in the psychological literature of false memories of abuse; this follows the history of psychiatry as monitoring and silencing women's voices as hysteria (Kitzinger, 1998). Such concerns were not borne out in this study; only 5 of the 82 disabled or Deaf women in this study had received psychotherapy, counselling or preparation for trial which might have been critiqued as invoking false memories of rape.

In contrast to the pathologising gaze of psychiatry, some of the Black and South Asian Survivors appeared to rebuild impressive mental health reserves and collective support from other women after their attacks, having perhaps framed family and their sense of self and identity differently to that of other victims in the group. Had the women not been involved in the analysis of data from the focus groups, researchers might have assumed that rape had not hurt them as much as for white disabled or Deaf women. Instead, their world-views informed the recommendations for collective priorities to begin to tackle the mainstream barriers experienced, for other victims of disabled hate crime. The shared spaces in the focus groups were

crucial for women to identify how they, themselves wanted to be identified; the descriptions they chose were personally comfortable and pleased them. Participants 'tried on' new identities such as feminist, disabled or Survivor and new pseudonyms for research were chosen, which held none of the residue of service use or perpetrator relationships. We laughed and familiarised ourselves with these identities without fear of reprisal, ridicule or dismissal.

When women assured me that they did not want their current experiences reported to the authorities, I faced moral dilemmas about the information I had and my duty as a researcher. Eventually, in two cases, safeguarding procedures were launched and in four more cases careful contacts with inspectors, Police allies and commissioners meant the women found safety without disclosure of their inclusion in this project.

From this project, I am most proud of delivering research as inclusively as possible with only one tenth of the money of larger projects and time limited by part-time study, teaching and other waged work. However, there are more questions raised by the data and much more work is needed which involves Survivors at the heart of the research. The more I know, the less I feel I know and the more there is to know.

On reflection, this was not the grim, depressing project that some people expected it to be; the title has been quite a conversation stopper outside of the academy; the patriarchal silencing of women continues. But like Garrick (2006), I found humour and warmth emerged from the trauma of Survivors and I have been privileged to

hear and interpret their words and signs. It was consistent encouragement from Professors Iganski and Wise, the need to communicate the women's experiences and recommendations that kept this PhD going through busy work, surgery and unplanned impairment relapses.

By creating space for discussion, women in the focus groups offered ideas about tackling the barriers against hate crime and also campaigning against assisted dying; this is unanticipated value that interviews with practitioners would have been unlikely to produce.

At the outset of the main project, I had thought that the main outcomes of the work would be service interventions for disabled women after disabled hate crime involving rape. We have these valuable findings (Balderston, 2012), but the real outcomes of the project were unexpected. The participants in the study who identify proudly as Survivors, disabled people, feminists or trans women, seem to be safeguarding and protecting themselves more successfully through identifying with each other in groups, not by passively receiving mainstream services. The benefits of altruism they gained in participating in focus groups, researching, training and campaigning for justice for other women, have been described as being important in self-salience and improved mental health by some participants. This protective effect of group identity may be important in asserting the need for peer-led services and collective projects with victims in the future. This is quite different to the standard neo-liberal model of individual counselling or target-hardening in most mental health or mainstream victim services.

In sharing and unpacking cultural constructions and intra-sectional identities, the participants discovered control and choices which for some, had been missing since the experiences of disabled hate rape. In safe spaces, with other women who understand the experiences, disabled or Deaf women did not have to normalise, appeal to hegemonic masculinities, or present learned narratives in order to access valuable and restricted services or freedoms. But for disabled and Deaf women after hate crime involving rape, these places were still often rare or inaccessible. There is still much research and policy work to be done.

I entered this project as an activist, unsettled by the problem of disabled hate crime. During my academic apprenticeship through this study, I have learned much about research methods, organizing campaigns more strategically and using research evidence compellingly to best to influence policy in Government and international institutions. I was privileged to work with the participants. I question my sources a great deal more and I am clearer about using conceptual frameworks in research and analysis. I hope to emerge from this study as a competent early career academic and a much more effective advocate for social justice.

7.4 Recommendations for legislation and statutory inspections

In several focus groups, women expressed frustration that high profile hate crimes often involving murder or rape appear to reoccur. Six participants suggested that transferable lessons learned from these cases should inform changes to legislation within a limited time after the Serious Case Review. These recommendations have

relevance; currently, recommendations from 43 Serious Case Reviews involving disabled people since 2001 have not yet been instituted into legislation.

Some of the participants took a punitive view in their recommendations for change. Participants in two focus groups also discussed that services should have requirements to ensure safety and justice for residents and service users as part of the licensing of the home operators and owners; this may be a useful recommendation for Monitor and the Care Quality Commission in their licensing and inspection of institutions and services. Whilst this is theoretically possible in the guidance to Crown Prosecutors, there had been no successful custodial sentences upheld to 2011 against owners of institutions or group homes for disabled children or adults in cases of neglect or violence. Instead, CPS guidance recommends that matters are handled by individual safeguarding civil arrangements by local authorities, if individual perpetrator prosecution cannot be brought or is not in the public interest (CPS, 2011); these guidelines concentrate on individual residents in each of their local areas, or on individual staff perpetrators and not always upon institutional responsibility with regard to Health and Safety legislation. This is distinct to hospital regulations and prosecutions for neglect and abuse against older people, where there have been several custodial sentences handed to licensees since 2009. Three participants thought there should be greater legal sanctions especially when earlier reports of violence had been suppressed or ignored.

Other participants suggested that service users be part of the team of inspection, as they would be more likely to see the risk signs than people who had not lived in

institutions. The, 'Quality Checkers,' project of people with the label of learning difficulties inspecting residential institutions was offered as a useful example for inspectors; this is not currently in the academic literature, so a future evaluation may be indicated.

Since these data were gathered, the Law Commission has consulted on plans to criminalise incitement to disablest hostility. This is a welcome development, but was not the top priority of the participants in this study. Siegel may well identify the mechanism through which the status quo is maintained in this way, even in the struggle by social movements for law reform. She neatly explains what she calls "Preservation-through-transformation"(1997, p1119), when the legislators gift just enough small changes to stabilize and preserve status quo conditions.

Recommendations discussed in the focus groups instead included aligning the various definitions of hostility-related violence across the equality groups protected against hostility on the grounds of ethnicity, religion, disability, sexual orientation and trans men and women, currently protected in England and Wales. The intersectional differences in crimes against diverse women reported in the study demonstrates that cases are not simply experienced as being limited to one prejudice, but may be complicated at different times by racism, sexism, homophobia, transphobia and disablest, for example. The Equality Act (2010) is civil legislation in England and Wales (covering the employment and fair use of goods, facilities, transport and services by groups protected by the Act). The Act can account for combined discrimination claims, for example where racism, sexism and disability

discrimination appear concurrently, as in *Michalak v. Mid Yorkshire NHS Hospitals Trust*, 2011); two participants wondered whether is was that time hate crime law followed this intersectional lead. In addition, the Equality Act (2010) harmonises the definitions of what constitutes harassment, victimization and discrimination across all of the protected characteristic groups (ethnicity, gender, disability, sexual orientation, age, religion and belief). This can be useful operationally, as public bodies try to reach their statutory Duty to eliminate harassment which is required by the Act, but does not account for the nuances of how discrimination acts differently upon different groups; this is left for individual Tribunal chairs and judges to rule and reflect in financial damages in their awards. The difference between criminal and civil law definitions causes an inconsistency as to whether a hate crime committed or experienced in the workplace becomes the stuff of civil employment law or criminal action. Notwithstanding the serious harassment that disabled people experience at work (c.f. *Crisp v. Iceland Frozen Foods Ltd*, 2012), this thesis has clearly concentrated on criminal action rather than employment Law. Perry (2001) was one of the earliest theorists to recognise the role of intersectionality in hate crimes and called for a re-conceptualisation in this area, but most work in the area since has focused on the intersectionality of lesbian, gay, bisexual and trans victims (c.f. Stotzer, 2008, Meyer, 2010, Haritaworn, 2010), rather than any analysis of how an intersectional recognition of criminal law mechanisms themselves could be adopted. Few academics have yet argued for intersectionality to be recognized in criminal law, with the notable exception of Green (2002), who argued for gender and ethnicity hostility to be tackled in an intersectional way by international law, after the systemic use of rape and forced marriage in conducting the genocide in Rwanda. Meyer-Bisch (in

Fribourg, Switzerland) is currently considering how international human rights law might institute intersectionality, to inform future UN mechanisms, but this work is not hate crime specific. It is not unproblematic, as any claim for substantive equality by women is contested, as MacKinnon famously acknowledged (1989). However, this is an important area of future research and a paper exploring whether intersectionality may be mobilized as a concept in hate crime law is planned in the near future, operationalizing intersectionality in hate crime law, using data which has emerged from this thesis.

The participants in the research also made recommendations for practice as well as policy; these are valuable as they are grounded in their own experiences of barriers in services. Further work has to be delivered to influence people in power to

7.5 Social Care and Health Policy Recommendations

The data gathered in this research demonstrated that rapes against disabled and Deaf people have not ceased with the closure of long-stay hospitals and large institutions. Where disabled or Deaf women in this study live in segregated institutions, they are at greater risk of escalating rape and disablist hate crime than they are in the community. This may be exacerbated by distance from family if people are placed out of their local area; whilst policy has not recommended out of area placements for disabled adults for over a decade, these data show that the reality still occurs for assessment, education or specialist forensic or psychiatric services. Residential services where the service provider controls the housing, support, transport and education or other activities of the disabled people who live there seem to provide a high risk of victimization and lack of transparency or safety

once violence is disclosed. It is this proximity with a lack of personal relationship between staff and service users, isolation from society and a lack of control in the hands of the service user, which enables 'care' staff or family members to perpetuate disablist hate crime and rape. To date, inquiries and research which excludes women in institutions may ignore the most acute end of the problem of disablist hate crime and rape.

Similarly, where women in the community have few people in their lives other than close family members or staff paid to be there, victimization risk appears to be high. Tackling isolation and increasing power and control over support are important ways in which disablist hate crime involving rape could be tackled. This may be delivered by writing in safety and security into support plans. Ensuring a mix of support, meaningful activity and safe, dignified contact with different people and other disabled people outside the institution and family may assist.

In addition, mainstream services must ask about disabled women's access requirements and their experience of violence in assessments and support plans; this is often crucial in providing appropriate mental health treatment, housing or social care support. Mental health service standards (NICE, 2011) still fail to include the specific needs of victims after crime and offer people seven days to six weeks counselling. As the intervention and recovery pathway is not linear or predictable; interventions may be needed after triggers (such as an offender release), re-victimisation, reawakening as a result of similar cases being covered in the media or at a life change point (such as the birth of a child). Although welcome, the six

counselling sessions offered immediately after rape by the NHS, may not be the most timely or appropriate intervention necessary for each victim. For disabled women, where hate crime harms are particularly severe and escalating, the need for support may be greater. Hence longer-term flexible peer-support, advocacy and community interventions which take a lifetime incidence rate (rather than simply victimisation in the last twelve months) may be indicated.

However, for some of the women, the perpetrators pretended to be friends or caring family members of the disabled woman they raped. One model which may resist this risk is a circle of support, where several people and a facilitator take shared roles in maintaining independent living with disabled people. If there is greater scrutiny of financial resources and several people involved in planning support, disabled women may be less at risk of theft and escalating sexual extortion, which seems correlated with disablist hate rape in this study. By gradually introducing a disabled person into a new area through regular contact with people in the area in social and community environments and building a workable circle of support before the person moves into supported or independent living, problems of isolation and risk of harm may be reduced substantially and prevented. Circles of support, popularised in Canada, allow several people (and not only support workers) to formalise the parts they play in a disabled person's life and problem-solve (Gold, 1994). This can extend opportunities for managed risk, prevent the need for expensive crisis intervention and enable a person to fulfil their aspirations: they therefore may have an important part to play in reducing isolation and risk of abuse or hate crime. It is for this reason that several participants reject the label 'Victim' and adopt an identity as a Survivor,

which has a useful parallel with the psychiatric services Survivor movement. However, more research in this area is needed; a circle of support still leaves the disabled person as service user, even though they may have greater social capital in a community if they have a circle of support. Some data from this study suggests it is the reciprocal nature of actions between women which is important and a circle may not offer this possibility for the disabled person.

However, these voluntary and community arrangements may still be more useful in preventing disabled hate crime and rape than purely statutory responses after the event. Where disabled women in this study had experience of No Secrets (DH, 2000) and safeguarding policy implementation, this experience served as a warning to other disabled women not to report disabled hate crime and rapes against them, for fear of losing their home or services. Future policy developments to tackle the problem of sexual violence and hate crime against disabled people must involve disabled people who use the services themselves, in designing the policy and procedures, not simply receiving the consequences of it in the aftermath of the attacks.

Assessments about access, communication and independent living equipment and services with disabled and Deaf women should include regard for safety and security; in at least twelve cases, if disabled women had more independently useful equipment or adaptations, they would have been less reliant on the perpetrator of the disabled hate crimes and rape. The smaller cost of greater independence is small compared to the cost and damage after victimization.

Clearer and more effective joined up working between the Police, social care and health services is necessary, if trust and confidence in statutory services is to be raised with victims and Survivors; this project shares this recommendation with several Serious Case Reviews and previous projects.

7.6 Recommendations for Violence Against Women and Victim Services

This study has demonstrated that disabled hate crime and rape of disabled women does often not fit into the standard model of domestic violence which has developed in England and Wales over many years. Differences in sexual extortion linked to rape are apparent from this study and services need to take account of the different patterns of perpetration and normalized experiences of victimization in segregated institutions. In every area, the victims themselves should be at the forefront of using evidence to design effective, accessible and culturally appropriate measures which meet their collective and individual needs.

This study found that disabled and Deaf women's victim and Survivor groups can resist victimhood and the harms of hate crime by working collectively and supporting each other's campaigns for safety and justice. This research supports other data that this approach is more effective than standard victim services and individualized counselling (Rose et al., 1999, Robinson & Hudson, 2011). Rather than focusing on 'empowering victims' individually, organisations need to create the spaces where

victims and Survivors can collectively take their own agency to campaign and improve services. In collective safe spaces with other women who understand the experiences, victims and Survivors do not have to normalise, appeal to hegemonic masculinities or present learned narratives in order to access valuable and restricted services or freedoms. Disabled and Deaf women need collective safe spaces in which we are not referred to by our impairment label, constructed as Other as the only disabled or Deaf woman in an organisation full of non-Deaf or non-disabled people or as a patient receiving a service not designed to meet our needs. These campaigning spaces may be more difficult to provide in statutory organisations which rely on the state for funding and power, are designed to offer one-to-one counselling or are part of state power structures.

The data have shown that disabled women who have experienced disablist hate rape have already been isolated by the perpetrator and often live in segregated settings. In contrast, holistic work was identified by participants as being beneficial; through these projects, disabled and Deaf women could access hate crime victim services and third party reporting within a community organisation where they can also variously receive benefits advice, be involved in training, education, social events and employment activities to ensure their life chances are repaired after hate crime and to resist social isolation. Organisations which work on this model which were mentioned by participants as being positive services include the Angelou Centre in Newcastle, Gay Advice Durham & Darlington and several Disabled People's User-Led Organisations. Recognition of the social support needs of crime victims is instituted in the Council of Europe Framework Decision on the Standings of Victims (2001,

article five) and it may be that local arrangements by Police and Crime Commissioners could recognize the value of these services in the future.

Dedicated victim services may, however, best improve by having disabled and Deaf people themselves as advocates and working in accessible and culturally competent group situations, to address the isolation experienced by many disabled people and to ensure they can talk with 'someone like me'. They may also want to reach into disabled and Deaf people's organisations to provide third party reporting and advice alongside other projects, which are culturally competent and accessible.

Particular problems have been identified for standard violence against women refuges and rape crisis services, in providing support to disabled women who live in institutions. Where there is a culture of violence and women rely on the rapist to provide their support, there are particular problems of access. Rape Crisis services offering to run an awareness session in these institutions or pass out inaccessible information are unlikely to gain access to institutions, or to assist women to be safe in these contexts. If women do escape violence, there are too few accessible refuge beds for disabled women in the North East and only two where a disabled woman with children can have accessible refuge. Only two chose to be signposted to contact with the local women's refuge services (My Sister's Place and EVA); both of these women were from Teesside and we had discussed how positive other women's support from those refuges was in that group. This may demonstrate that peer information from other victims about safe services is helpful.

Several of the disabled or Deaf women did not understand their experience as rape or assault until years later and these women seemed more likely to be referred to a service than to seek it themselves. The 'in terrorem' effects of hate crime (Perry & Alvi, 2012, p57) means that women cannot be taught to protect themselves against hate crime violence with individual 'stranger danger' prevention exercises such as self-defence classes or target hardening. With regard to rape as well as hate crime, the socialization of disabled people to prevent or minimize rape or hate crime when it occurs places the problem with their reaction, rather than the being firmly the responsibility of the perpetrator and his prejudice (Mardorossian, 2002).

Instead, some participants discussed restorative justice, but were reticent about the safety of the victim being in contact with the offender, due to the power differential in rape and hate crime. One participant suggested that refuges may have groups of women Survivors who could peer educate offenders from a safer distance; safe models of mediation and restorative justice to divert perpetrators from prison may be worth exploring further in future research.

Another participant discussed the value of talking to the Court through a Victim Impact Statement. This is a method by which the victim is given a procedural right to talk to the Court. In the past, this had been missing, as the offence is prosecuted as having taken place against the State, rather than the individual victim or their family. The participant in this study suggested that refuges may have an important role in assisting individual disabled victims or groups of hate crime victims and Survivors, to identify the wider harms of hate crime beyond the immediate victim in this

statement. This is a victim allocution model (Walklate, 2002) which is not punitive of itself and which may help to resist the secondary victimization in the criminal justice system (Balderston, 2013) which were discussed in chapter four of the thesis.

7.7 Beyond the thesis

The participants in this study did not simply experience the oppressions embodied in disablist hate rape; they took collective agency and struggled to survive and some to remake their identities after disablist hate rape. Baudrillard notably wrote:

"It is always the same: once you are liberated, you are forced to ask who you are," (1988, p39).

Conversely, these data demonstrate that disabled or Deaf women's circumstances do not appear to be the same after disablist hate crime and rape, but once they disclose the violence, they are compelled to assist other women and improve services together. It is this altruism, strategic essentialism and collective work for social justice with other disabled or Deaf women that seems more important than post-structural deconstruction of identity categories or individual psychological analysis. In collective activity, Survivors resist our location as victims and defective objects of care (Roussou, 1988).

There is much work still to be done; disablist hate crime against girls and older women is still obscured in the literature and the experiences of disabled women who do receive statutory services are also scant. Other research priorities have been made in relation to the recommendations in this chapter, including the need for Deaf

researchers to explore the shape and incidence of audist hate crime, particularly in Deaf education and religious institutions. This is work commensurate with feminist intersectional models employed in analyzing these data. For example, Walby et al. (2012) warned that intersectionality should neither reduce political projects to social structures, nor should it, in considering agency, leave the powerful out of sight.

Campaigning work and future research by Survivors themselves falls into neither of these traps and is much needed. Geographical area and adult status of the participants limited this study and so future research is needed, especially with perpetrators, women not in settled accommodation and disabled girls.

But what of the participants in this study? One of the young women who was raped in a residential, segregated institution now lives in a small group home, with her own PAs and attends a mainstream college; she is twenty minutes from her mum, instead of two hundred miles away. Two other cases of abuse were uncovered in a Police operation at one of the colleges and in a residential care home during this project. Although staff were sacked and two were convicted (but without hate crime uplifts in sentencing), both institutions remain open. In another case, MAPPA arrangements were employed during the study. I did not perceive the participant to be a situational risk to herself or others in a focus group situation, but this safeguarding was required. Safety was delivered in the least intrusive way possible and with full disclosure to the woman. This angry, dangerous participant is now simply a valuable part of both a self-advocacy group and a gardening project. Negotiating the safeguarding pathway was slow and frustrating for a researcher, even one with policy knowledge and privileged access to the necessary Police and

social care professionals. This only served to underline how difficult it is to negotiate the barriers in services for disabled women experiencing disabled hate crime and rape.

A new project to disseminate this research is now funded from May-September 2014. Ten of the women from the focus groups came forward and studied for level one, two and three qualifications in disability equality and tackling violence; they will deliver paid work as Ambassadors in women's refuges and statutory organisations to help remove barriers for disabled and Deaf women after disabled hate crime and rape. The design and priorities for this dissemination project came directly from the women in the focus groups.

Finally, neither Christine Lakinski nor Gemma Hayter survived their attacks. With the 63,000 or so disabled or Deaf people who do live after hate crime involving rape, the thesis concludes that the lack of justice and scant support available comprises secondary victimization (Balderston, 2013). The thesis has explored how, even in the absence of culturally competent and accessible state provision, disabled and Deaf women, including women from minority ethnic communities, should be provided with first language, accessible and culturally competent spaces in which to connect with each other. In these ways, collective resistance against the institutional and individual harms of hate crime (Iganski, 2008) can be built by and for victims and Survivors themselves, the distal community members (Perry & Alvi, 2012) and may even prevent some hate crimes in the future.

Appendix One: A note about language and glossary of terms used in the thesis

In ethical research, participants should be afforded the opportunity of defining their cultural, linguistic, ethnic and gender identity. Where possible, the terms in this thesis reflect the definitions that were articulated during the project, though we note that language is contested and subject to change over culture, time and place.

Deaf, with a capitalised letter, 'D' is used to recognise the identity of BSL or Sign Language users, who see themselves as part of proud, strong cultures. This is a very different construction from that of deaf or hard of hearing people for whom deafness or hearing loss is an impairment, who may and using oral or written languages predominantly. For further reading, see Ladd (2003).

User-led organisations of disabled people in the UK promote the term, 'Disabled people' to communicate how people with impairments are disabled by discriminatory barriers in society, attitudes and segregation from mainstream life chances and full participation in society. This is informed by the social model of disability; see UPIAS, 1976, Oliver, 1992.

Child abuse, rape, genocide and psychiatric or mental health service survivors form disparate groups, but some choose to capitalise the 'S' in Survivor. These movements sees surviving not as an adjective but see themselves as claiming a place

in title and experience, having gained their own agency in living through trauma and finding pride in their collective identity and work to tackle the oppressions and violence they experienced; see Plumb (1993).

Trans women may adopt politicised identity in terms of their transition and gender; this terminology rejects medical or derogatory terminology (such as transsexual or transvestite) which may be imposed on men or women transitioning gender in different settings where they may be expected to conform to stereotypes. Some women and men may, 'pass' as their chosen gender and do not identify post-transition, but the trans women in this project continued to experience violence and oppression and / or continued to proudly identify as trans women, supporting other men and women through their own transitions and experiences of hate crime. For further discussion, see Turner et al. (2009).

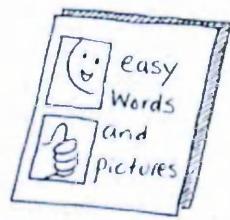
Glossary

Acronym / term	Usage in this thesis
BAMER	Black, Asian, Minority Ethnic & Refugee people
BSL	British Sign Language
CAADA	Co-ordinated Action Against Domestic Abuse
CJA	Criminal Justice Act (2003)
CPS	Crown Prosecution Service
CSEW	Crime Survey of England and Wales (formerly known as the British Crime Survey).
Disability hate crime	Policy term adopted by some Governments, with a focus on the impairment of the victim. This term may have pathologising, individual victim connotations. The term <i>disablist hate crime</i> is preferred.
Disablist hate crime	Term chosen by many disabled activists and hate crime scholars, which recognizes the social model of disability (cf. UPIAS, 1976, Oliver, 1992). This places the focus on the disabling barriers faced by people with impairments in gaining inclusive justice and on the prejudice and hostility they face from perpetrators of hate crime. The term follows the path of constructions of racist hate crime and homophobic hate crime, rather than constructions of individual vulnerability of the victim.
IDVA	Independent Domestic Violence Advocate. Appointed by the MARAC to represent the views of the victim at the meeting about their risk. This is a citizen, not a legal or mental capacity advocate and as such the role is not only required to act in the best interests of the person.
IMCA	Independent Mental Capacity Advocate. Person app
LGB and T	Lesbian, Gay, Bi-sexual and Trans people.
LGB and TQI	Lesbian, Gay, Bisexual and Trans men and Trans women, Queer (or Questioning) and Intersex people.
MAPPA	Multi-Agency Public Protection Arrangements – agencies (for example, Police, Probation and Social Care) make provisions against risks of violent or sexual offenders perpetrating crimes in their area. Arrangements instituted in the Criminal Justice Act (2003).
MARAC	Multi-Agency Risk Assessment Conferences. Local meetings between agencies about high risk victims of domestic violence.
PA	Personal Assistant – a disabled person's support worker.
POVA	Protection of Vulnerable Adults
SCR	Serious Case Review – A local report written after an incident of significant harm or concern about circumstances in a loss of life, where statutory services had a responsibility for the person (for example, if the person was looked after or living in a residential institution). This is not an investigation which apportions blame, but is aimed at reporting lessons which can be learned by services in the future.
UPIAS	Union of Physically Impaired Against Segregation

Appendix Two: Ethics and Consent Forms for the Study

The following consent and information pack was distributed to all participants and women who booked to attend the focus group sessions. Copy consent forms are retained by the researcher for a period of four years after the research.

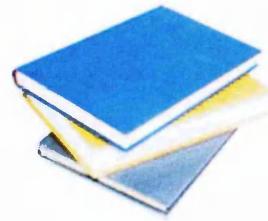
For this information in another format or language, please contact Susie on  Phone 0845 108 0553 or  e-mail research@visionsense.co.uk



Research participant pack	There are four parts to this pack for people who might want to know more about the study or take part in the project.	
1) Research statement	Information about what we are doing in this study	
2) Focus Group Outline	This says how we would like you to help us	
3) Consent forms	This is where you can sign to tell us if you are interested in taking part in the research (or not). You can also sign the Withdrawal Form if you do not want to take part anymore.	
This is your copy of the information to keep.	If you sign the form, you will be given a copy of it to keep as a record.	
Thank you for helping in the research.	Thanks also to Change Picture Bank Symbols, Lancaster and Canberra Universities and Vision Sense for help in making this pack and project.	
This pack is 17 pages long.	Please make sure you have all the pages so that you do not miss any information.	

1) Research statement		
<p>Please read this Statement carefully. You can ask questions about anything in this pack.</p>	<p>You could discuss the project and this information with someone from your family, group, advocate or a friend, if you think that will help you decide whether or not you want to be part of the research. If you have questions, you can contact susie@visionsense.co.uk or phone her on 0845 108 0553.</p>	
<p>This section tells you about the research project, as clearly as we can.</p>	<p>When you have the information, you can make a fully informed decision whether you are going to take part.</p>	
<p>What is the research study called?</p>	<p>How might interventions most effectively support disabled women after hate crime and rape?</p>	

What is it for?	<p>Susie wants to get her PhD after she has finished the study. She also wants to find out what works in groups to help disabled women if we have been attacked because of who we are, because we are disabled or because of how we look. We will share things that services can improve from this study with rape crisis centres, refuges, reporting centres and disabled people's organisations in the North East and Cumbria.</p>	
When is the research happening?	From November 2011 – June 2012	
Where is the research happening?	Tyne and Wear, Durham, Teesside and Cumbria	
Why is this research being done?	<p>There are lots of groups in disabled people's companies and advocacy charities, but there isn't much written to tell people how to do it or whether it works with disabled women after personal crimes, which have greater harm. We hope this study will help us know more.</p>	

Who is doing the research?	<p>Susie Balderston – a disabled woman from Tyne and Wear. She is also a research student at Lancaster University.</p>	
What will happen if I take part in the research?	<p>You will be invited to discussion groups where we talk about different services and the way you got support after hate crime and rape and what you think might help other women in that situation in the future.</p>	
Who else will be there?	<p>We will have women Personal Assistants there if you need them and you can choose who gives you the support. The discussion groups are all women groups. Between four and ten women will be there. Up to forty women will take part in the research altogether. All of us are over 18 years old.</p>	
What will happen to the research?	<p>After people involved in the research have been told what we have found, Susie will be asked questions in an exam by a Professor who has marked her thesis. If she passes this exam, the book will be put into Lancaster University library.</p>	

<p>How will people find out what we have learned?</p>	<p>We hope that important parts of the research will be published in academic journals, newsletters and shared at conferences with other people who run groups. The funders will also get the research findings.</p>	
<p>Where has the money come from to do this project?</p>	<p>Northern Rock Foundation are paying for the access costs of being involved. Susie is paying the fees to the University herself.</p>	
<p>What will you need me to do if I take part?</p>	<p>You can come to a focus group with other disabled women who will talk about what has worked for them (and what hasn't) after the hate crime or rape.</p>	
<p>Will you tell other people about what I say?</p>	<p>No. Everything you tell us is kept confidentially and will only be included anonymously (without your name or anything that can help people find out who you are) in the research. We will make sure you can't be identified by what you tell us. We will use what you tell us to look at what works and what needs to change in the future. The only time we have to tell anyone about you is if you tell us you are going to harm yourself or someone else.</p>	

2) Focus group outline

<p>Focus groups are discussions where people talk together about what they think about something.</p>	<p>We will take turns to speak and listen. It is a friendly group of women with ground rules we can set together at the start to keep us safe. Some women may have guide dogs or hearing dogs with them in some sessions. If you do not want to be near dogs, you can come to a different group; just tell us in advance.</p>	
<p>The focus group will be in English.</p>	<p>We can provide BSL / English interpretation, a Deaf facilitator and first language interpreters too if you tell us as soon as possible before you come to the focus group.</p>	
<p>We will pay your expenses and refreshments will be provided.</p>	<p>We will make sure you are paid for your travel to and from the venue and we will provide a snack and warm drinks. We can provide money for childcare, too, if you need it. But you will not be paid for your time at the focus group.</p>	

<p>Susie Balderston will run the discussion.</p>	<p>Susie will ask the questions, make sure we keep to the ground rules and finish on time. She will have another woman with her to draw pictures and take notes.</p>	
<p>We will be talking about some of these questions in the group:</p>	<p>You don't have to answer all the questions – we will talk about different ones in different groups.</p>	
<p>We want to talk about services after disablist hate crime and rape:</p>	<p>What do you think hate crime against disabled people is? Is all crime against disabled people hate crime?</p>	
<p>What do you think is good (or bad) about groups for helping disabled women after a hate crime?</p>	<p>What might help other disabled people who might be worried about what happened too?</p>	

<p>What might be different in support if women are attacked in an institution (like a day centre or hospital) or in the street, by someone they know or don't know?</p>	<p>What needs to be done differently if a woman still has to live in the place where she was attacked? Or if a woman still sees the person who attacked her?</p>	
<p>What needs to be improved in social care, hospitals, Police or Court for women who have been raped in a hate crime?</p>	<p>What happens to women when we use mental health services after an attack, or if we are arrested for something ourselves? What could services do better if women don't want anything to do with them after they have been attacked?</p>	
<p>What works best when disabled women support each other after an attack?</p>	<p>How might services work to help you get stronger after hate crime? How do you learn to be part of a project or the group? What support, or worse things do you get from doing different things? How do you stay safe?</p>	

<p>What do we think we might find useful from groups who tackle racist hate crime, faith hate crimes or homophobic hate crime?</p>	<p>What do we think needs to be different for disabled women from different groups? Does having money or do other things help more after a hate crime or rape to stop being attacked again?</p>	
<p>Labelling you: What do you think about being called vulnerable or a victim by professional?</p>	<p>Which words do you choose for yourselves and why? How do we go from victim to Survivor, campaigner and happy women after hate crime or rape?</p>	
<p>What do you think about how people tell us to behave normally again or recover after attacks?</p>	<p>What makes things different about how we see ourselves at different times?</p>	
<p>What helps us after an attack?</p>	<p>Do things like art, theatre, campaigning, your own place to live, Direct Payments, victim support or other things help after an attack? What is it that really helps?</p>	

What do we think works best?	Who do you think these things work for best?	
What is it like being part of research?	What do you expect or need from researchers? Are there problems with it? What works for you and what do you want to happen in the future?	
Would you like to come along to the focus groups?	Before you decide, you can talk to Susie who can answer any questions you have about the project.	

3) Consent form		
Research title:	How might collective interventions most effectively support disabled women after hate crime and rape?	
You are invited to take part in this research project because:	You are a disabled woman, or have a long term health condition and because of your experiences after hate crime and rape or were forced to have sex when you didn't want it. You are over 18 years old.	
You need to fill in this form to tell us:	If you would like to help with the research and come along to a focus group discussion.	
Why do we have this form?	To help protect the interests of people who agree to participate in studies with people. It is a University rule to make sure you are not harmed in research.	

If you sign this form, you are telling us that:

You understand the information and that you consent to take part in the project.



<p>Tick the box that is right for you. Please tick only one box only in each line. Please tick one box in every line.</p>	<p>Tick yes if you agree with the statement below, no if you don't agree.</p>	
<p>I understand the information about the research project. I have accessed the Research Statement, Focus Group outline and been given the chance to ask questions.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I understand and agree that the session will be recorded and that notes will be taken for the research.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I agree that things I say in the focus group can be published as part of the research, but that my name will not be used in any report, book, presentation or thesis, unless I want it to be. I will be asked to check that what I said I still want to say.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

<p>I promise not to talk about what anyone else says in the research discussion group, unless it is the only way to keep me, or someone else, safe.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I understand that I will not receive any personal benefits from being part of this project and that it will not affect the services I receive.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I understand that I can stop my data being used and leave the project at any time. There will be nothing wrong with doing this and I can withdraw at any time without saying why.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I understand that the information about me will be kept safe and secured for four years after it has been published, so that only Susie can use it, then it will be destroyed.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

<p>I want to be told when the results of the research are published.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I would like to receive a copy of the summary of the research.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I understand that this research is done within the Ethical Guidelines of Lancaster University.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>I understand that if I have any complaints about any aspect of the project, the way it is being conducted or any questions about my rights as a research participant, then I can contact Mike McCabe or Verity Joyce from Vision Sense or Sue Wise from Lancaster University.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

<p>I freely agree to take part in this research according to the Research Statement.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>My name is:</p>	<hr/>	
<p>Signed:</p>	<hr/>	
<p>Date:</p>	<hr/>	
<p>Participant identification number:</p>	<p>(for the researcher to complete).</p>	

Withdrawal of Consent Form	This form is to be used only if you do not want to take part in the research any more	
I want to take away my consent to participate in the project.	<input type="checkbox"/>	
I understand that if I withdraw it will not upset my relationship with Susie, their organisation Vision Sense or the University of Lancaster.	<input type="checkbox"/>	
My name is:	_____	
Signed:	_____	
Date:	_____	
Participant identification number:	(for the researcher to complete).	

Project Contact details

The researcher is: Susie Balderston	
The organisation of disabled people is: Vision Sense TEDCO Business Centre Viking Industrial Park Jarrow South Tyneside NE32 3DT	
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The University academic supervisors for this project are:	 University
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Appendix Three: Literature Review Method and Boolean Search Strings

Initial Ph.D. study indulgences included iterative, wide readings of several literatures in the field (including philosophers on violence, feminist writings about the uses of rape of women to oppress ethnic communities, legislation and policy emergence in hate crime in the USA, Canada and the UK, criminological, social work (Dominelli, 2002), victimology (Goodey, 2005) and domestic violence (Dobash & Dobash, 1979) perspectives on interventions with victims of crime, disability studies and Survivor constructions after trauma, as well as vibrant and emerging contentions in journals and at conference).

The formal review then returned to Hart's (1998, p9) recommendation that credible, scholarly review may benefit from systematically searched literature, defined explicitly against clear parameters for inclusion criteria. This approach has been chosen to reduce inconsistency in the narrowing of the vast field of resources, whilst enabling the literature to be more replicably searched during the fieldwork and thesis writing, when update or expansion in the study themes was necessary, or when electronic and library storage of data and publications was updated.

In narrowing search criteria, the first step was choosing texts available in the researcher's first language (English), for pragmatic ease of access reasons, to avoid translation costs unless essential and to reduce the risk of mis-understanding due to inconsistent translation. (This, however, did not discount the inclusion of carefully

chosen and valuable studies written in international languages being included later in the study.)

Secondly, the research term key words were transposed into Boolean logic strings for consistency of search across different databases and to narrow the links to “Exclude irrelevant search results”(Terre Blanche et al., 2006, p28). For example, a pilot search for <harassment> AND <women> produced an array of search results about employment law issues, so including the Boolean logic of NOT workplace, usefully excluded over 4,000 sources from the final search. This tiny experiment using search strings then led to reflection on how hegemonic constructions perform differently on crimes perpetrated in different spaces. For example, occupational health literature on the psychological effects of workplace sexual or racist harassment is not usually identified as hate crime, given distinct performances in employment, civil and criminal law and policy. This iterative development of search strings then informed awareness about which concepts might be redundant or elevated in importance in the study. Eventually, the search term list narrowed to, hate, violence, abuse, rape, sexual violence, harassment, discrimination, racist, homophobic, crim*.

Each of these terms were searched for with the operators of harm, intervention, effect, wom%n (to include woman and women) and disab* (this truncation and Boolean wild card operator * allows multiple characters to be replaced in the search, so can allow disability, disabled, disabled, disabilities to all be identified by the search engines without having to run each search term manually and separately). Whilst these terms appeared adequate at the start of the literature search, it quickly

became apparent that further terms (all related, but with different cultural and policy interpretations, particularly from the international literature) would be appropriate. These terms were commonly constructed in literature abstracts as aggravated assault, hostility, interpersonal, intimate partner violence, safeguarding, and justice. The final Boolean search strings utilised in this literature search were then run using Lancaster Library Metalib, ISI Web of Knowledge (including the Social Science Citation Index), Lexis Library, Bailli, ASSIA (Applied Social Science Index and Abstracts), National Criminal Justice Reference Service, JSTOR, Ovid, SpringerLink, Social Policy & Practice and Google Scholar (excluding patents) databases, with the strings and results noted in Figure 1 below. This long list was then further refined, to include only published books, cited articles and peer-reviewed journal content from 1990 - 2010. In preparation for the final thesis, the searches were run again for 2010-2014.

Whilst ground-breaking feminist works in the field of violence and identity (cf. Brownmiller, 1975, Daly, 1978, Lorde, 1984, Kelly, 1988) predated this twenty four year timeframe, these had already been identified from the wider readings and direction by supervisors, or were on my own shelves, so did not need to be sourced electronically. The search timescale chosen did however capture most of the emergence of the theory, research and policy agendas, after discussions of public violence predicated on bigotry and stigma against minorities, which gained traction when located as, 'hate crime' in the USA in the early 1990s.

Search string	References	After filter	Re-run
source	s	2010-2014	
<pre> hate+discriminat*+crim*+law+policy+ [wom%nORsexistORgender]+ <["racist"ORraceORethnic*ORxenophob *]OR[homophobicORbisexualOR lesbianORgayORtrans*ORqueer]OR[disa b*ORcripORpsych*ORhandica*]OR[ageOR young] ORolder]OR[faithORreligionORJew*ORI slam*ORsectarian] </pre>	17,424	3,630	
<pre> violen*+abuse+harassment+assault[ra pe+assault+wom?nORdisab*+[NOTmurder ORKilling]NOTemploymentNOTwork </pre>	12,614	4,190	
<pre> harmOEffectsNEARinterventionORServ iceORrefugeORSupportORhelp+[hateORr apeORcrim*]+victim+wom%n+feminis*+i dentityNOTnatal </pre>	17,590	2,643	

Figure Two: Boolean search strings and filter results

These lists were then merged into one Endnote collection and the set was then sifted for duplicates and for relevance to the research question (for example, articles on interventions with children, medical and forensic swab collection techniques after rape, psychiatric drug trial reports, occupational health stress counselling were all excluded). Any reference which was over 5 years old with less than 5 citations was then removed. The remaining long list of 593 titles and authors was then analysed by number of citations, relevance of abstract to the study (by demographics,

geographical area studied, size of sample, intersectional factors such as ethnicity, gender, age), whether the study might be applicable to disabled people in England and the possibility of replication of the findings. The selected items were then sifted by abstract, with preference given to multiple authors in the field, sources with over 20 citations, eventually leaving a shortlist of 103 journal articles, books and chapters from edited collections to be retrieved, with primary sources and recent literature being selected wherever possible.

Having been systematically selected, the 103 sources of literature were then sorted into manageable groups, in order that each in turn may be “Subject to a critical appraisal, ideally to lead to a new or interesting perspective”(Holbrook et al., 2007, p348), in relation to the themes of the study.

Appendix Four: From a Survivor

The following poem was given to the researcher by a participant after the focus group. Permission was granted to include it in this thesis. It has since been published in a local anthology of Survivor and disabled peoples stories about institutional life.

My Poem

I'm a woman who has talent
That they can't take away.
They tried with drugs
And needles to dope me every day.

Institutions stink,
They make you want to puke,
The doctors think they're it
And they'll read you like a book. I was kicked around and used
Insulted and abused;
They messed my mind right from the start
Treated me like a dirty tart.

But it was them that did that,
It was them that scarred my mind,
It was them that corrupted my innocence
And left me feeling that no one cared.

They shoved me in a hostel
As a guest of the Salvation Army,
With the company of drunks and punks
It was enough to send a poor lass barmy.

I wonder why it had to be that all my life
No one to love me, No one to care
No one to see, No one to listen properly.

Now my second life begun -
A new chance to live life through my son;
A reason for living I have found
It's going to be better second time round.
So now I tell you

I've got a voice
I've got a right to make a choice. I'm not a toy for you to abuse
I'm a woman of spirit and now I'll refuse...
To take that abuse anymore.

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