

Equality and Human Rights Commission  
Research report 78

# Disability-related harassment: the role of public bodies

## A qualitative research report

Wendy Sykes, Carola Groom  
and Philly Desai

Independent Social Research



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## **Executive summary**

This research was designed to provide detailed information about disabled people's experiences and views of disability-related harassment and their perceptions of the role of public bodies. It was based on focus groups and in-depth interviews with a total of 87 disabled people, recruited on the basis of having experienced disability-related harassment in the previous three years.

In this research disability-related harassment was defined as '...conduct against disabled people that has the purpose or effect of either violating the dignity, safety, security or autonomy of the person experiencing it or creating an intimidating, hostile, degrading or offensive environment'.

Public bodies are organisations (including those in the private sector) involved in the provision of key public services such as housing, education, health and social care, policing and transport.

According to respondents, disability-related harassment is a widespread problem. The Life Opportunities Survey, published in 2010, found that 29 per cent of adults had an impairment, and 26 per cent (one in four) were disabled as defined by the Disability Discrimination Act. Many of us will therefore experience disability ourselves or know someone who is disabled or has a long-term health condition. By the same token, disability-related harassment is likely to be an issue for a large proportion of the population.

### **Types of harassment**

Respondents painted a picture of a wide range of types of harassment.

These included:

- name-calling
- being ignored, overlooked and treated as if invisible
- ill-informed, insensitive or patronising (albeit sometimes well-intentioned) behaviour such as being asked intrusive questions about their impairment or 'jokes', for example about having a licence for their wheelchair
- threatened or actual physical harassment such as invasion of personal space, touching, pushing, being spat at or hit or being the target of thrown objects
- sexual harassment and exploitation;
- damage to property, and
- actual or attempted theft or fraud.

Many disabled people in the study said that low-level disability-related harassment is a backdrop to their everyday lives. They used the term 'low level' mainly to describe incidents that they thought would seem insignificant to anyone else, and that they felt no one could or would do anything about. Nonetheless, respondents said that low-level harassment is often very upsetting, that it can have a big impact on a 'bad day' and that its cumulative effect on individuals can be significant. They often said it was behaviour that they tried to ignore, 'rise above' or 'learn to live with', mainly because they could see no alternative course of action.

Respondents also described many incidents that they felt could not be categorised as low level: that were potentially significantly harmful or threatening, difficult to ignore, or criminal or borderline criminal.

### **Motivation**

Ignorance and lack of understanding about impairment and health conditions were seen as important primary factors underpinning disability-related harassment. They led to embarrassment, awkwardness, impatience and even fear and aggression in interacting with disabled people. Disabled people also thought that others saw them as vulnerable, leading to unwelcome attention from individuals who sought to take advantage of them, and from people 'off-loading' frustration or looking for trouble or diversion ('having a laugh'). Some respondents said they felt that disabled people attracted hate, but in general 'hate crime' was not a term that was widely recognised or used by respondents in the context of disability-related harassment. Many respondents did not like the idea that they were hated or victims of hate.

### **Settings**

Harassment was reported in a wide range of settings. Some of the most commonly mentioned were:

- public transport
- educational establishments
- disabled facilities
- local neighbourhoods where disabled people may know or recognise perpetrators, and
- over the internet and by phone or text – commonly reported in some groups, for example young people and lesbian, gay, bisexual and trans (LGBT) respondents.

### **Perpetrators**

Perpetrators were from a range of social classes and income groups and included men and women, people of different ages, strangers and people known to respondents, including family and partners. Not all disability-related harassment is



perpetrated by non-disabled people. For example 'competition' between disabled people for disabled parking, seating and toilets was widely reported as a cause of harassment.

Some association between disability-related harassment and areas of higher deprivation is to be expected because of the higher percentage of disabled people living there. This study also suggests some other links, for example 'envy' of the benefits, home adaptations and mobility support (including adapted cars), received by disabled people was a frequently reported cause of harassment in poorer areas. However, this was a small-scale qualitative study and such findings need to be treated cautiously.

### **Reporting harassment to public bodies**

Respondents thought public bodies should be active in addressing disability-related harassment. However this research supports previous findings that suggest there is significant under-reporting of disability-related harassment to public authorities.

Barriers included:

- not knowing about the duties of public bodies in this area, or which public body might be responsible
- lack of confidence that a public body will take an incident seriously, or be able to do anything about it
- low expectation of a sympathetic hearing
- shame or embarrassment about what had happened
- lack of confidence to report
- concern about the process being stressful
- previous negative experiences of dealing with public bodies on other issues;
- anxiety about reprisals or other consequences, and
- in some cases feeling partly to blame.

Against these perceived disincentives to report, the potential gains from reporting were often seen to be unclear or uncertain.

Reporting of harassment usually involved more serious or criminal incidents that respondents were more confident were the legitimate concern of public bodies. Good experiences were those where:

- it was clear who to report to
- the process was easy and accessible
- staff were disability aware and sensitive to their needs
- they had a sympathetic ear and a chance to describe the incident in full

- there was a swift response and action was taken that they were satisfied with
- they were kept informed of what was happening/being done, and
- the risk of reprisal was taken into account by the authority.

Respondents who were regularly involved with active local disability organisations were on the whole more confident about reporting and more determined to seek effective responses.

### **Concluding remarks**

Although disability-related harassment seems to be widespread, reliable statistics are not currently available at either a national or local level.

Any method of collecting information and data about harassment will need to employ clear definitions of disability-related harassment that are acceptable to disabled people.

The language used in communicating about disability-related harassment is important; 'hate crime' is a term that needs to be used with circumspection.

## 1. Introduction

- This research explored the views and experiences of disabled people about disability-related harassment and the role of public bodies.
- The findings supplement other evidence gathered as part of the Equality and Human Rights Commission (the Commission)'s Inquiry into this area.
- Terms and definitions used in the research are consistent with the terms of the Inquiry:
  - 'Disability' is defined as in the Disability Discrimination Act 2005.
  - 'Disability-related harassment' is defined as '...conduct against disabled people that has the purpose or effect of either violating the dignity, safety, security or autonomy of the person experiencing it or creating an intimidating, hostile, degrading or offensive environment'.
  - Public bodies include organisations (including those in the private sector) involved in the provision of key public services such as housing, education, health and social care, policing and transport.
- The research, involving 87 disabled respondents, was conducted in eight different locations across Great Britain by means of 12 focus groups and 16 in-depth interviews.
- A range of impairment groups was represented including people with mental health conditions, mobility impairments, learning disability, neuro-diverse conditions, sensory impairments and long-term health conditions such as MS, cancer and HIV.
- Respondents were recruited on the basis of having experienced disability-related harassment at least once in the last three years.
- Fieldwork was conducted in October and November 2010.

### 1.1 The report

This is the report of qualitative research on disability-related harassment commissioned by the Equality and Human Rights Commission in order to supplement other evidence gathered as part of its formal Inquiry into the subject. The findings are based on focus groups and individual interviews carried out with disabled people in October and November 2010.

### 1.2 Aim of the research

The aim of the research was to provide detailed information about:

- Disabled people's experiences of disability-related harassment.
- Their views about the way in which it is currently addressed by public bodies.

- Ideas about how public bodies can better meet their duty under the Equality Act 2010 to eliminate disability-related harassment.

### **1.3 Commission Inquiry into disability-related harassment**

Previous research for the Commission in this area focused on learning disability and mental health conditions and found harassment and hostile behaviour targeted at disabled people to be widespread and persistent<sup>1</sup>. On 3 December 2009, International Day of Disabled People, the Commission announced its intention to conduct a formal Inquiry into the actions of public authorities to eliminate disability-related harassment and its causes.

### **1.4 Terms and definitions used in the research**

Key concepts and definitions used in the research were consistent with the terms of the Commission Inquiry.

#### **Disability**

The definition of disability adopted was set out in the Disability Discrimination Act 1995 and amended by the Disability Discrimination Act 2005 (DDA 2005): a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities<sup>2</sup>. People with certain progressive or fluctuating conditions such as depression, cancer, multiple sclerosis and HIV are also covered.

The DDA definition of disability was used when screening potential respondents for eligibility to take part in the research (see methodology section). However, it should be noted that not all respondents necessarily regarded themselves as disabled or applied the term to themselves (see section 2.1).

#### **Disability-related harassment**

Under the terms of the Inquiry, disability-related harassment is defined as unwanted, exploitative or abusive conduct against disabled people which has the purpose or effect of either:

- Violating the dignity, safety, security or autonomy of the person experiencing it; or
- Creating an intimidating, hostile, degrading or offensive environment.

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<sup>1</sup> Sin C.H. et al (2009) *Disabled people's experiences of targeted hostility and violence*, EHRC Research Report 21.

<sup>2</sup> For the purposes of the Act, these words have the following meanings: 'substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions) and 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping.

It includes one-off and repeated incidents as well as conduct against the family, friends and associates of disabled people because of their connection with a disabled person.

The above definition was used in recruiting respondents, however in focus groups and interviews respondents were encouraged to describe all incidents that in their view 'counted' as disability-related harassment.

### **Public bodies**

The research focused primarily on organisations (including companies and organisations in the private sector) involved in the provision of key public services, especially:

- Crime prevention and criminal justice.
- Public transport<sup>3</sup>.
- Education.
- Health and social care.
- Social housing.

Public bodies therefore include organisations such as:

- The police and the courts.
- Transport operators and organisations owning, operating and maintaining infrastructures such as transport stations and stops.
- Schools and colleges.
- Primary and secondary health care organisations.
- Various departments of local authorities, such as social services.
- Housing associations.
- Voluntary organisations that might be conducting public duties, such as Citizens Advice Bureaux.

However, once again discussion was not unduly restricted or limited to the examples listed above.

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<sup>3</sup> Public transport includes trains (overground and underground), trams, buses and other public service vehicles as defined by the Disability Discrimination Act 2005.

## **1.5 How the research was conducted**

### **Qualitative research**

This was a qualitative research project using research methods designed to allow for flexible, in-depth and detailed exploration of respondents' experiences. Focus groups and individual interviews were carried out with disabled people with a wide range of health conditions and impairments.

Focus groups offered respondents the opportunity to share and compare experiences and to discuss ideas for tackling disability-related harassment, but gave less scope to explore all aspects of respondents' individual experiences. Interviews on the other hand provided a chance to drill more deeply into individual stories and narratives and allowed people to take part who were unable to attend a group (for example because of reasons to do with their impairment or health condition)<sup>4</sup>.

### **Respondent recruitment**

Respondents were invited to take part mainly by professional recruiters based in each of the sample localities (see 1.5), but in some cases by local disability organisations. Prospective respondents were identified in various ways, for example:

- Through existing recruiter networks.
- 'Cold' recruitment in and around likely venues and 'on street'.
- Via the membership of disability and other organisations.
- Referred by other disabled people.

People were eligible to take part if they satisfied the definition of disability as set out in the DDA 2005 (see 1.4) *and* had personal experience of disability-related harassment within the last three years (see 1.4). Efforts were made to recruit disabled people who had reported an incident of harassment to a public body, but this was not a condition of eligibility. Carers were not excluded from groups and interviews, and a few were present during sessions, but in general information was sought directly from disabled people. Copies of key recruitment materials, including the recruitment/screening questionnaire and respondent letter are contained in Appendix C.

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<sup>4</sup> The topic guides used in conducting the focus groups and interviews are given in Appendix B.

## **The achieved sample**

Fieldwork took place in eight different locations in Great Britain that represented a broad mix in terms of regional spread and urban-rural characteristics<sup>5</sup>. A few interviews were conducted by telephone and involved respondents in other areas.

A total of 12 focus groups were carried out. Eight were composed of people with specific types of impairment or health condition, to allow for more in-depth exploration of the experiences of these different groups. Four further groups brought together disabled people with other socio-demographic characteristics in common to enable the exploration of other possible relevant or cross-cutting issues. The defining characteristics of the 12 focus groups are listed below:

### ***Impairment groups***

1. Mobility.
2. Mental health conditions.
3. Learning disability.
4. Hearing impaired.
5. Deaf.
6. Blind and visually impaired.
7. Neuro-diverse conditions (for example autism, dyslexia, dyspraxia, Attention Deficit Disorder).
8. Long-term health conditions (for example cancer, HIV, arthritis, multiple sclerosis).

### ***Socio-demographic groups***

9. Black African/Caribbean.
10. Asian.
11. Lesbian, gay, bisexual and trans (LGBT).
12. Young people (14-16 years old)<sup>6</sup>.

In addition to the focus groups, 16 individual interviews were conducted with disabled people with different kinds of impairment or health condition.

It should be noted that:

- The impairment categories used in the sample design are not mutually exclusive, for example a respondent who is mobility impaired because of a long-term health condition such as arthritis, could be categorised in two ways.

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<sup>5</sup> Manchester, Swansea, Norwich, Newcastle/Gateshead, Romford, London (E, SW and N).

<sup>6</sup> Parental consent was also obtained, and the researchers had enhanced CRB checks.

- Many respondents had multiple impairments or health conditions, for example mental health conditions as well as a learning disability or mobility impairment.
- Disabled respondents included a range in terms of the severity of their impairment or health condition and how long they had been affected; some respondents had been disabled from birth; while others' impairments or health conditions were of more recent origin<sup>7</sup>.
- Not everyone who took part in the research had impairments that would be visible or apparent to the casual observer.

Further detailed discussion of the harassment experienced by respondents is provided in the next chapter. The characteristics of the sample of 87 disabled people who took part in the research are summarised in Appendix A.

## **1.6 Structure of the report**

The rest of the report is structured as follows:

- Chapter 2 provides important background and contextual information about respondents' experiences of disability-related harassment, their views on the causes of harassment and the motivation of perpetrators, their feelings about being harassed and who they told informally. It begins with a brief discussion of how respondents used and understood some of the key terms and language current in research and policy contexts.
- Chapters 3 and 4 both deal with the role of public bodies in addressing disability-related harassment. Chapter 3 sets out the main barriers to formal reporting of harassment, and Chapter 4 provides an account of both the experience of reporting and subsequent action by public bodies.
- Chapter 5 draws the findings together with concluding remarks and observations.

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<sup>7</sup> This was sometimes an important difference, linked to variations between respondents in terms of: their feelings about their impairment or health condition; the environment in which they lived; their knowledge and experience of disability-related services, benefits and support; and their response and attitudes to harassment.



## 2. Experiences of disability-related harassment

- Not all respondents considered themselves to be disabled. Some people associated the term with specific types of impairment – for example mobility, visual impairment or deafness -- or degrees of severity, or thought it carried connotations that they rejected.
- Others were comfortable with the term or actively embraced it.
- Many respondents described their everyday lives as being a constant practical and emotional struggle. They did not necessarily distinguish between harassment and other experiences that they found upsetting or difficult, such as the ways their lives were affected or restricted by inadequate provision and services for disabled people.
- The term 'hate crime' was familiar to some respondents but many had never heard the phrase.
- Many respondents' first reaction to the term was it was appropriate only for certain types of more extreme incident. They did not necessarily relate it to their own experience or accept the idea of being 'hated' or a 'victim' of hate crime.
- Respondents felt that few non-disabled people know about the extent and ways in which disabled people are harassed on a regular basis.
- Many respondents said that low-level harassment, especially insensitivity and verbal harassment formed a backdrop to their everyday lives.
- They often claimed to have 'learned to live with it', or tried to 'rise above it', and they had often found ways of thinking about it to minimise its impact.
- But low-level harassment was seen as indicative of societal attitudes towards disabled people. It could have a major impact on a 'bad day' and its cumulative effect on individuals could be significant.
- Respondents were not sure that low-level incidents were of 'interest' to public bodies or the outside world. They worried about being seen to be overreacting or making a fuss.
- Respondents classified as 'major incidents': episodes that were hard for them to ignore, that were criminal or borderline criminal and/or that they felt were more likely to be taken seriously if reported.
- Types of harassment described by respondents included: being ignored or overlooked; stared at; called names; asked intrusive questions or offered offensive advice or patronising comments or jokes; threatened or actual physical harassment such as invasion of personal space, touching, pushing, being spat at or hit or being the target of thrown objects; sexual harassment and exploitation; damage to property; and actual or attempted theft or fraud.
- These incidents took place on the street; in or close to home; in educational settings; commonly on public transport; around disabled facilities such as

parking spaces and toilets; in health and social care settings; in shops, cinemas and leisure facilities; and at work.

- Respondents also described harassment that took place over the internet and by phone or text.
- 'Cyber bullying' was felt to be particularly easy for perpetrators to carry out, with the opportunity to remain anonymous in many cases and a much lower overall risk of being challenged or prosecuted.
- Harassment involved a wide range of perpetrators: complete strangers as well as family, friends and acquaintances; men and women; younger and older people; and people from all social classes and cultures. From respondents' accounts however there were some types of harassment, and some settings, that were associated with some groups more than others such as young people committing anti-social behaviour against people and property; and older people, women with children and other disabled people challenging those who use priority seating on transport.
- Some harassment occurred within families, or was perpetrated by people with whom respondents were in relationships of some kind. Discussing this category of harassment touched on a complex and sensitive range of issues particularly to do with motivation and the effects of this harassment.
- Perceived motivations included ignorance and lack of empathy; fear (however irrational) of the impairment or condition (that it might be 'catching'); and embarrassment.
- An emotional response to 'difference', and to those seen as vulnerable, was felt to account for some incidents. Respondents felt they were seen as 'fair game', an easy target for the relief of boredom or for opportunistic crime.
- Some felt they were targeted because their impairment was visible; others said they were sometimes harassed because their impairment was not visible or obvious.
- In some neighbourhood settings respondents identified envy and jealousy as a motivation for harassment.
- In general, however, respondents seldom offered any single motivation for the disability-related harassment that they experienced.
- Reactions to harassment varied. Few claimed to be emotionally impervious, and some incidents left respondents profoundly shocked.
- First reactions tended to be to keep a low profile and escape the situation, but some people were more assertive.
- Later many told someone what had happened – usually a friend or trusted confidant - but often to 'unload' rather than in expectation of anything further being done.

The main purpose of this chapter is to illustrate through detailed examples the kinds of disability-related harassment experienced by respondents in this study.

Respondents often said that they thought few non-disabled people knew about the extent to which disabled people are harassed and the variety of forms that this takes. High-profile incidents reported by the media were widely regarded as painting a frightening but only very partial picture of what happens to disabled people on a daily and weekly basis.

The chapter begins with a brief discussion about the language used by respondents to describe themselves and their experiences.

## 2.1 Language used by respondents

### Disability

As described earlier (see section 1.5), everyone who took part in the research met the definition of disability in the DDA 2005 but not everyone necessarily described or thought of themselves as disabled, even if they were receiving disability benefits or support<sup>8</sup>. There were various reasons for this:

- Some respondents associated the term mainly with certain kinds of physical impairment, especially severe mobility or sensory impairment. For example some respondents with long-term health, mental health and neuro-diverse conditions did not call themselves disabled for this reason:

*'I don't talk about having a disability because I don't see myself as having a disability... I class it as an annoying little thing that I have.'* (Neuro-diverse group, female, age 31-59)

- Other respondents were reluctant to apply a term to themselves that they felt was depressing and associated with medical hopelessness, for example one respondent with multiple sclerosis said if she thought of herself as being disabled she would "start to go downhill".
- And some rejected a term that they felt had negative connotations and could lead to them being treated as second-class citizens, patronised, pigeon-holed and/or socially or economically marginalised. One respondent said she almost regarded the word 'disabled' as a term of disparagement:

*'Don't diss me. I am not dis-abled, I am differently-able.'* (Black African Caribbean group, female, visually impaired and long-term health condition, age 31-59)

*'If you are disabled you are not worth anything. You are just rubbish.'*  
(Mobility group, male, age 60-70)

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<sup>8</sup> Most respondents were familiar with the use of the term 'disabled' as a technical definition for people eligible for disability benefits and support.

Respondents most likely to think of themselves as disabled, and/or to accept the description, included people with severe impairments, those disabled from birth, and members of disability groups who often actively embraced the term and sought to rehabilitate it for example by challenging negative associations.

### **Disability-related harassment**

Significant amounts of difficulty, frustration, and stress were reported by many respondents as the everyday norm in a world they often described as failing to accommodate them. Participants spoke variously of a 'constant battle', having to 'struggle for everything' in order to go about their everyday business and to get any help and support they need:

*'Every day there's some little thing that sort of reminds you what you are, puts you back in your place.'* (Visually impaired group, female, age 31-59)

*'From the day your disability arrives you have to fight. Everything you get and everything you need you have to fight for. You have no idea of what disabled people go through.'* (Mobility group, female, age 31-59)

For this reason, respondents often did not – or refused to – distinguish between incidents that were clear cases of targeted bullying or abuse and other behaviour which did not necessarily conform to policy definitions of disability-related harassment but which nonetheless had a clear and discriminatory impact on the lives of disabled people.

For example, one interview respondent argued that targeted harassment and being denied access to services and facilities were actually 'all the same'. This sentiment was echoed by another respondent in the context of difficulties accessing public transport:

*'These are all disability-related harassment as far as I am concerned.'*  
(Interview, female, Asian, mobility, age 60-74)

One respondent with mobility impairment provided as an example of harassment being given parking tickets at disabled bays outside public toilets, which allow only 15 minutes when it takes him longer than that to use the toilet.

Other respondents in the same focus group applied the term harassment to benefit or support assessment procedures that they felt were unfair; shortage of suitable adapted housing; and options for training and education courses targeted at disabled

people that were perceived to be limited in range and ‘pushed’ at people on a ‘take it or leave it’ basis.

In sum, respondents often determinedly applied the term disability-related harassment to a range of frustrations and obstructions having a significant impact on their daily life. Many found it difficult and also pointless to draw the precise outlines of where, against this background, ‘disability-related harassment’ and other behaviour began and ended.

### **Hate crime**

‘Hate crime’ is a term often used by public bodies and others in the context of disability-related harassment. Though familiar to some respondents (especially members of disability organisations), it was new to many others:

*‘So where has this new idea come from - that this is “hate crime”? I think hate is a very strong word.’ (Long-term health conditions group, female, age 31-59)*

Respondents were often very sensitive to the connotations and tone of language used to describe their personal experiences of disability-related harassment. One respondent thought the term ‘harassment’ was too ‘gentle’:

*‘Harassment sounds more gentle than abuse, but when you think about it it’s the same thing – people shouting at you and throwing bottles at you. It affects you, it’s emotional. Harassment sounds too gentle; I don’t think it’s strong enough.’ (Interview, female, visually impaired, age 31-59)*

A common reaction to ‘hate crime’, on the other hand, was that it is a ‘strong term’ that they felt often did not accurately describe the motivations of perpetrators. Much of the harassment they had encountered was more likely to be attributed to ‘ignorance’, ‘fear’ or even ‘boredom’ or ‘envy’, rather than hatred. For this reason respondents often felt the term was inappropriate as a way of talking about their own experiences:

*‘Hate’s a strong word. I don’t even know if these people (perpetrators) have enough about them to think like that!’ (Interview, female, visually impaired, age 31-59)*

*‘Before they would have said that people didn’t understand, now they say it is hate crime?’ (Long-term health conditions group, female, age 60-74)*

*'That's the difficult one – do you suspect the person is doing a thing out of hatred? Or out of fear, discrimination, uneducated, I don't know.'*  
(Long-term health conditions group, male, age 18-30)

Some respondents found it difficult to accept the idea of being 'hated':

*'Maybe it is a hate crime – I don't know – but if you think about it as a hate crime it is something you get bitter about... So hate crime – as soon as you begin thinking in those terms an enormous amount of anger inside you wells up. That affects me, and I need that peace inside me to function properly... As soon as you start to talk about someone hating you... Emotionally I don't want to think of it as a hate crime, because of the effect it would have on me.'*  
(Interview, female, Asian, mobility, age 60-74)

The term also ran counter to a common tendency among respondents to want to downplay incidents. It was 'only kids', 'I can ignore it and I'm fine', 'just idiots/ignorant' all paraphrase sentiments that came up repeatedly in discussion. One respondent said of an incident where a stone had been thrown at her in the street:

*'I don't think it is hate. It's not very nice, but it's not as strong as hate.'*  
(Visual impairment group, female, age 31-59)

## **2.2 Low-level disability-related harassment**

There were widespread reports from participants of 'low-level' disability harassment forming a backdrop to their daily lives. This phrase was used mainly in reference to verbal and other behaviour perceived as unfriendly, insensitive, ill-informed, offensive, degrading, demeaning, and derisive or excluding, but which did not result in them being significantly physically harmed, emotionally traumatised, or in other ways disadvantaged.

Many respondents appeared stoical about low-level harassment. They said it was a fact of life that they felt they had to learn to live with, and 'rise above'. They often reflected on the importance of not letting the unwelcome attentions of other people blight their lives by getting 'under their skin'. They tended to characterise incidents as 'one-off', or perpetrated by a minority of 'ignorant' people, with 'problems of their own'.

Nonetheless, respondents did not necessarily dismiss the potential significance of low-level harassment. Some felt that it served as an accurate barometer of widespread negative attitudes and ignorance in respect of disabled people.

It could also be a constant reminder of their disability and their alienation from mainstream society; one more thing to contend with on top of everything else.

Respondents also observed that behaviour that feels like low-level harassment on one day can have a much bigger impact on a different day, that the cumulative effect of low-level harassment can be significant, especially repeated incidents by the same or different perpetrators, and that it can sometimes be the precursor to more serious harassment.

Low-level incidents of disability-related harassment were sometimes the first to be mentioned by respondents in focus groups – possibly as a way into the discussion, but they were also sometimes the last because respondents were not always sure whether they were ‘of interest’ to the research. Respondents were used to ‘putting up’ with behaviour that they felt they couldn’t make a fuss about without appearing to be overreacting, and that they felt was of little concern to the outside world.

In the mobility group, after some discussion of incidents of low-level harassment, respondents commented on the opportunity the research had provided to ‘stop and think’ about such daily commonplaces as being patronised or being ignored. The cumulative story of these experiences triggered anger in some people:

*‘We take it so often that we don’t think it is abuse, but it is.’ (Mobility group, female, age 31-59)*

Many respondents were sceptical about the scope, capacity or will for action by public bodies or others to tackle low-level harassment. Importantly, the classification of some incidents as ‘low level’ reflected less their impact on disabled people than respondent perceptions of how they would be viewed by non-disabled people and public and private organisations and agencies.

#### *Verbal harassment*

She uses a wheelchair. When she goes shopping and asks for help reaching things, people sometimes react sharply. She has been told: ‘Disabled people shouldn’t be allowed out on their own.’ In one shop, another customer told the manager that wheelchairs should not be allowed: ‘They are in the way – shouldn’t be allowed.’

She thinks that ‘a lot of people are afraid of disability.’ The first time she went out in her wheelchair she was at the supermarket checkout and the person in front swung round and hit her in the face with their shopping bags. Although the incident was not deliberate, the perpetrator was unapologetic and reacted as if it was her fault. ‘Are they just plain ignorant, or have they got something against disabled people?’ After

that incident, she spent a whole year without going out. 'I just felt I don't want to go through this again. I'd rather stay at home where I'm safe... I just wouldn't go out.'  
(Interview, female, long-term health condition and mobility impairment, age 31-59)

### **2.3 Major incidents of disability-related harassment**

The incidents that appeared to count as 'major' for respondents were more likely to be criminal or borderline criminal acts, or incidents that were threatening, frightening or intimidating or with the potential for future harm. Major incidents were also those they would be more likely to think of reporting and could clearly identify as the legitimate concern of public bodies such as the police, housing authorities or transport providers.

### **2.4 Analysis of harassment incidents**

In this section little attempt is made firmly to classify or distinguish incidents as low level or major. This is mainly to avoid the suggestion that any kind of disability-related harassment can be set aside or not taken seriously and also because even apparently minor incidents can have significant impacts on individuals at whom they are targeted.

#### **Type of incident**

Respondents reported a wide range of types of incident, as described below:

*Being overlooked or ignored:* Participants frequently complained of being treated as though they were invisible, a non-entity, even sub-human. They talked about people avoiding eye contact, about being ignored in conversation and being communicated with by proxy (for example through a carer or companion) instead of directly:

*'They talk over your head constantly... You give them your money or your card but they want to give the card or the money back to your partner. If you say anything they look at you like "It speaks!".'* (Mobility group, female, age 31-59)

*Body language:* Respondents described how other people sometimes show distaste, embarrassment, irritation, impatience and other negative emotions through their facial expressions and body language. Sometimes they simply stare or show morbid curiosity. One man with learning disabilities described 'that look' he gets, for example on the street or when he gets on a bus or goes into a public place. Some respondents said people acted as if they were worried that the impairment or condition was 'catching'.



*Verbal harassment:* This was very commonly mentioned by respondents and took different forms, for example:

- Being called names such as 'spacker on wheels', 'cripple', 'nut job', 'retard'.
- Intrusive or encroaching comments or questions or people offering them 'advice', for example about treatment. One visually impaired respondent said she got annoyed on the many occasions when people suggested she try their glasses to see if they would 'work':

*'They want you to be normal so they don't have to be embarrassed or worry how to treat you.'* (Visual impairment focus group, female, age 31-59)

One wheelchair user said that she was constantly approached by people who felt entitled to address her. She was particularly resentful of little jokes she heard repeatedly ('Have you got a licence for that?' 'Have you taken your driving test?'), and that she interpreted as patronising attempts to cheer her up:

*'They feel they have the right to come up and start a conversation with you, or put their arm around your chair, treat you like a five year old. People have this mindset that if you are in a wheelchair that you are some sort of Peter Pan figure; you have never quite grown up. It is assumed that we are all miserable and need cheering up. You don't think about it at the time because it happens so often, but it is harassment because we aren't allowed to live our own lives. Why should we put up with it? It is bizarre.'* (Mobility focus group, female, age 31-59)

- Being teased or the butt of jokes about their impairment and sometimes being expected to 'take it' good-naturedly, even if they found it hurtful or belittling:

*'Everyone thinks that my scooter is a toy. "Gis a lift." Or "You're blagging it aren't you, this is a scam".'* (Interview, female, mobility and long-term health condition, age 31-59)

*Physical harassment:* This included some rarer incidents of being actually physically hit and much more physical behaviour that respondents felt was threatening or intimidating. For example, they described situations when they were pushed, poked or shoved, spat at or had objects thrown at them or into their path. One visually impaired respondent had a bottle thrown that hit her dog. A respondent with mobility difficulties fell after having her stick kicked away:

<i>Physical harassment</i>
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She was walking in the street near where she lives, with her stick. Two children, girls, came along from behind her and one of them kicked the stick away, causing her to fall over, and just ran away laughing. The girl was nine or 10. Asked about their motivation she wonders if there was any reason in her appearance to them, as an old woman, with a stick, slightly bent... (*Interview, female, Asian, mobility and long-term health condition, age 60-74*)

A young person experienced a lot of harassment through his time at college which culminated in an attempted strangulation:

*Physical harassment*

He has significantly impaired brain and body functions and is in a wheelchair. A gang picked on him at college; he was teased, bullied and his money and phone were stolen. He was called 'a druggie'. Eventually someone at college tried to strangle him – which left marks on his neck. He had kept the bullying to himself. His mother was called by the college after the strangling incident and that was the first she found out about the bullying. (*Learning disabilities group, male, age under 18*)

*Sexual harassment:* Some respondents described behaviour that they interpreted as sexual harassment. These included women having their breasts touched, strangers' knees inserted between their legs while travelling on public transport, being asked 'if disabled people like sex' and being followed. A few respondents reported incidents where they had been sexually coerced or exploited by friends, acquaintances and in one instance by a professional connected with a legal case involving the respondent.

*'There's a lot of men out there that say, "Oh, don't worry, come to me, I'll look after you".'* (*Interview, female, mental health condition, age 35-59*)

One respondent said he had been raped, though he had not formally reported the incident which involved two close friends:

*Sexual harassment*

He is bipolar and transgender. The impact of his mental health condition fluctuates but he says it has often impaired his judgment and behaviour, leading to risky situations, particularly sexual.

He says that people have taken advantage of his mental health condition when he was in a vulnerable state, 'a lot more times than (they) should have'. He calls the following the worst incident (though another caused worse physical injury). The perpetrators on this occasion were friends – two ex-partners of his. He went to collect some things from their house. They pinned him down and raped him; one

had a hand over his mouth so he couldn't scream. He was making it clear he was not consenting: 'A couple of times when I did say stop, tried to remove myself from the situation, I was forced upon... If I wasn't in that awful mental state I just don't think it would have happened.'

Some months later he confronted one of them about it. The perpetrator said he did not see it as wrong but as a 'kinky sex game'. The perpetrator said he was leading him on and the respondent feels that from his perspective that may be what it looked like. However, they knew he was bipolar, and as he was not on medication at the time he was therefore more vulnerable. (*Interview, mental health condition, LGBT, male, age 18-30*)

*Damage to property:* Another common type of harassment reported by respondents was damage to property; especially damage to homes, gardens and vehicles. Incidents included bricks, sticks and stones and other objects being thrown at respondents' windows and into their gardens, cars being scratched, their windows broken and tyres deflated or slashed:

*Damage to property*

He is mobility impaired and uses a wheelchair. People throw eggs into his back garden, also stones, sticks, beer cans and potatoes. He does not want to go and look while it is happening because he feels vulnerable. He has only recently moved in and the neighbours' homes are not accessible so it is harder for him to get to know people. He thinks the perpetrators may be local kids but he can't ask because he doesn't have the local network. He has reported it to the housing association, but they won't do anything until they know who the perpetrators are. He thinks it is just kids – just a laugh. But he can't clear his garden up. He has asked neighbours on either side if they have been targeted but they haven't. It is just him. (*Mobility group, male, age 31-59*)

*Actual or attempted theft or fraud:* Theft, fraud and financial exploitation of relationships were among the harassment incidents described by respondents. Some felt that they were seen as an easy target for this kind of behaviour. In an example described more fully later a woman with a mental health condition was 'persuaded' to lend money to a friend, though she said she would not have done so if she had not been in a vulnerable mental health state. 'Cuckooing' was a term used by one respondent to describe a situation where he had been taken advantage of by someone who had moved in with him in order to get access to his food, clothes, drugs and benefits. He was too ill and vulnerable at the time to recognise the situation for what it was. This incident is also described

in more detail later on. A participant with mobility impairment and long-term health conditions said:

*'People that you think are your friends, aren't, they are just using you in one way or another. For somewhere to live or for the reason you have that extra bit of benefit. They think you are rich.'* (Interview, female, mobility and long-term health condition, age 31-59)

### **Incident settings and situations**

Incidents reported by respondents took place in a very wide range of settings and situations, as follows:

*Out and about.* Out and about on the streets or in parks and other public places in their neighbourhood or further afield provided the setting for much incidental harassment that was described by respondents; people calling them names, following them, ignoring or overlooking them, making them feel out of place and in the way, pushing them and throwing things at them. Some respondents said they were reluctant to go out as a consequence, or were careful to avoid certain routes, places or times of day or night:

#### *Harassment while out and about*

He has severe mobility limitation and uses a stick and sometimes a wheelchair: 'I drive as much as I can so I don't come into contact with many people.' His experience has led him to feel that: 'People pick on people with disabilities. Wherever I go I make sure my car is nearby, so I can get in my car, lock my car.' He believes that if anyone wants to mug someone in general, they would 'go for the easy target', that is someone like him who is disabled. One night when he was not in his car he became aware that someone was walking behind him. In his view it was 'obvious' that he was being followed. He just managed to get to his car (parked outside his home) and get in, and the person disappeared. 'But it was obvious he wanted to mug me. It's violent out there!' (Interview, male, mobility and long-term health condition, age 31-59)

*Close to home:* Close to home was the setting for several reported incidents where the key perpetrators were neighbours and other local – especially young – people. One visually impaired respondent said the same people near where he lives 'bump' into him in a way that seems deliberate. He feels they want to provoke him and in turn he feels he mustn't respond or things will escalate; if he knows they are likely to be out, he does not go out.

Some respondents were living in social housing for disabled tenants that had become a local focus for repeated anti-social behaviour:

*Harassment close to home*

She lives in an area where her house is the only one with a ramp for wheelchair access. The local children use it for skateboarding – they do it more and ‘make a nuisance of themselves’ when they know her husband is not in. They knock on her windows and look in, or knock on the door. They disappear when they see her husband’s car. (Interview, female, mobility and long-term health condition, age 31-59)

Some reported problems involved neighbours persistently and deliberately parking in reserved bays and in front of dropped kerbs. Some respondents said they were harassed by neighbours because of housing adaptations and other support that they had received.

*In the home:* Incidents in the home described by respondents included harassment from family members or other people living with them. One said his wife barred him from certain parts of the house, opened his mail and verbally abused him and that she had – in the past –slapped and physically assaulted him.

Another respondent described being harassed in his own home by a complete stranger who had pushed and talked his way into the house saying he was collecting for charity (this case is described more fully later in the report). His methods were unorthodox and the respondent found them very threatening.

*School or college:* School or college was the setting for a lot of stories about harassment, including from adult respondents who in many cases said they were still emotionally raw from experiences that happened to them a long time ago:

*Harassment at school*

He is over 60 and has a health condition that started when he was a teenager. He says he was badly bullied at school because he was Jewish, because he was fat, and because he was disabled, ‘it could have been a combination of all three’. He was called names not just by children but also by teachers, especially sports teachers would ‘have a great time’ picking on him. His experiences at school still have the power to upset him. (Interview, male, mobility and long-term health condition, age 60-74)

For respondents in the young people’s group, being bullied by fellow pupils had a major impact on their well-being at school and was the main type of harassment reported. It sometimes carried on outside the school gates and beyond the school

day, for example on the journey to and from school or via social networking sites, texts and phone calls. Incidents involved name calling, teasing, playing tricks, stealing, 'ganging up against' and various forms of assault from throwing things to serious attacks such as the strangling incident in one of the case studies above. Most incidents reported by young respondents had happened within the last three years or were ongoing

*Public transport:* Public transport was a key setting for harassment incidents cited in almost every focus group and interview. These affected respondents' lives not only because of the intrinsic features of the incidents themselves but also because of the important part that public transport plays in the lives of many disabled people. Respondents mentioned being stared or laughed at, avoided and commented on by other passengers. They also talked about other passengers showing impatience or annoyance, for example if they were slow or took up a lot of space with aids such as guide dogs, sticks, frames and wheelchairs. One visually impaired respondent recalled an extreme example of such resentment, although it did happen some years ago. On a crowded Tube train she had pulled her guide dog onto her lap and when someone else put a case on top of the dog she pushed it slightly away. The other passenger slapped her, saying, 'Who do you think you are?'

Respondents also complained about bus companies that did not maintain their wheelchair ramps in working order and about individual bus drivers who were inconsiderate or ignorant of their needs. One respondent with mobility impairment said she often could not board buses because the drivers did not pull in close enough or refused to lower the step. Bus drivers were often seen to be overly concerned with their timetables to the detriment of disabled passengers' convenience and safety. Respondents said that drivers in a hurry sometimes didn't stop for them or moved off from the bus stop before they were safely seated or – when getting off – before they were safely on the pavement.

Disabled reserved seating and wheelchair space on public transport was reported to be a major cause of harassment, especially where designed to be shared with groups such as pregnant women or women with young children. The main cause of the problem was perceived by respondents to be the 'competition' for the relatively small number of places:

*Harassment on public transport*

A respondent with total sight loss stopped using public transport and was living a much more restricted life because the driver on her route had on more than one

occasion made her give up her seat for a woman with a child in a pram. Disoriented and offered no help by any of the other passengers, she found it difficult to balance on the moving bus and she was unable to see where to hold on. She was too traumatised by these incidents to keep on using the bus. (Visual impairment group, female, age 31-59)

*Harassment on public transport*

She is mobility impaired. She gets stiff, is often in a lot of pain and needs to use a stick when walking. Recently, on a bus, there were children in the disabled seats, with their mother. It was crowded. She desperately needed to sit down. She stood near to them but no one got up. She asked if they were disabled. The woman/mother was talking on her phone and said in a very loud voice: 'She is asking children to get up so she can sit on the seat.' Eventually one of the children stood for her in spite of the mother's attitude. (Interview, female, mobility and long term health condition, Asian, age 60-74)

*Disabled facilities:* The right to use disabled facilities was described as the basis for harassment incidents in a range of settings. One woman said she was so upset by constantly being challenged – mainly by other disabled people - about her right to use reserved parking, that she had returned her badge. Other respondents said they avoided disabled parking if at all possible because of the stress associated with being challenged or even with being looked at suspiciously. Some respondents felt that to be regarded as 'deserving' of certain services and facilities they are expected to fit some stereotype of how disabled people 'look' and 'behave'. A man who uses a wheelchair said people sometimes tell him that he should not use the buses, because 'you have your own buses'.

*Health and social care settings:* Respondents gave a few accounts of harassment in settings such as GP practices and hospitals. These usually involved individual health or social care practitioners who respondents said were insensitive to their needs and lacked understanding of their condition or impairment or who behaved towards them as though they were at fault or troublesome. For example, one respondent with HIV said that staff including senior medical staff in a hospital had refused to treat him. Other examples were given of behaviour by health care staff which may be viewed as discrimination rather than clearly disability-related harassment – again illustrating the difficulty of defining harassment in the context of the everyday experiences and problems encountered by disabled people.

*Shops, cinemas, restaurants, clubs and other leisure venues:* Respondents did not confine their accounts of harassment to settings in which public authorities have an obvious remit. Verbal and physical harassment incidents involving

disabled facilities were also reported as having occurred in shops, cinemas, restaurants, clubs and other leisure venues. One interviewee with mobility impairments and long-term health conditions reported being refused access to a club with her mobility scooter. Some of the incidents involving disabled facilities (for example toilets) took place in these settings.

*At work.* Respondents in work also reported harassment from colleagues and line managers. For example, one respondent with dyslexia/dyspraxia said his workmates made fun of him for being slow with tasks involving paperwork and also for his sometimes unorthodox way of going about other jobs:

*'People were nasty. They called me "thicko" because simple jobs I couldn't do. For example organising paperwork, and other simple organising tasks; working out what goes where. I have got in terrible trouble with that. People think I am doing it on purpose.'* (Interview, male, neuro-diverse conditions, age 31-59)

Some respondents said that work colleagues thought their health condition or impairment was 'put on' or that they were exaggerating its effects.

*Harassment over the internet and by telephone:* Respondents reported harassment which took place:

- On social networking sites on the Internet such as Facebook.
- In internet chatrooms, forums or message boards where comment can take place, moderated or not.
- By email.
- By phone, voicemail and text.

Some of the examples of harassment given by respondents were not obviously related to disability though it may be that their impairment played a part in making them general targets for the behaviour (for example when this harassment took place as an extension of school bullying). In others the disability link was clearer because of specific references made to an impairment or health condition.

For example, two respondents with HIV said they had left gay chat rooms where users had posted nasty comments about people with the condition:

*'AIDS victims, they deserve it ... all that kind of stuff.'* (Long-term health conditions group, male, age 18-30)

Some respondents felt that harassment conducted 'remotely' is attractive to perpetrators because it offers:



- Potential anonymity.
- Less risk of being caught.
- Fewer social controls and more licence to express ‘socially unacceptable’ views and use extreme and highly offensive language.
- A potentially wide audience, for example everyone that a perpetrator can access directly through their own address book or mobile directory and virtually unlimited reach if messages can be easily relayed on.
- Rewards for the perpetrator seeking simply to provoke reaction and who may be ‘trolling’ - stating extreme views deliberately to draw attention to themselves.

#### *Harassment over the internet*

When he was younger he had anorexia, and was using a lot of websites at the time to talk about it. He received some very nasty comments, and people wrote nasty things about him publicly. It really upset him, and made him more unwell: ‘Online I think it is much easier for people to be nasty, because they can’t see the consequences... The things that they write – if it was in a letter it would be hate mail, but because it’s an email it doesn’t seem to count. A lot of people see it just as an inevitable part of being on the internet.’

He was seeing a psychiatrist at the time and having group therapy. When he mentioned the incidents he was simply advised to stay off the internet. No one seemed to have any idea how else it could be tackled. (Interview, male, LGBT, mental health condition, age 18-30)

Regular users of the internet were obviously more likely to have experienced cyber harassment than those respondents who were not. Younger respondents in particular tended to regard the internet and the mobile phone as natural arenas for harassment, especially for attempting to isolate someone socially, humiliate them publicly or ‘stalk’ them. Disability related cyber harassment reported by young disabled respondents was not necessarily seen in a different light to cyber harassment generally.

A number of LGBT respondents described incidents of cyber harassment in chatrooms, for example heated, aggressive and offensive language on sex sites and intolerant and upsetting views about, and naming of people with HIV/Aids.

#### **Perpetrators**

Incidents of harassment recounted by respondents involved a wide range of perpetrators: complete strangers as well as family, friends and acquaintances; men and women; younger and older people, and people from all social classes and cultures. In general, no one group was singled out by respondents as more

or less likely to be involved in disability-related harassment, although there was some perceived correlation between certain groups and harassment situations. For example:

- Children and young people were often reported as being implicated in anti-social behaviour targeted at disabled people in and around their homes;
- As already described, harassment over disabled facilities such as parking and reserved seating on public transport frequently involved other eligible users, that is other disabled people, older people and people – mainly women - with young children. Some disabled people with less visible impairments said they were often made to feel fraudulent for taking advantage of the facilities. A woman in her thirties with multiple sclerosis said that that if she uses the disabled seats when her condition is bad she gets comments from older passengers about her age. Others commented on the general phenomenon:

*‘It is like a hierarchy of disability. “I am more disabled than you, so I need the space”, or “I am a wheelchair user and you are able to walk, so I should be able to park and you shouldn’t.” It is very common. (Black African Caribbean group, female, long-term health condition, age 31-59)*

- Neighbours and even family members – especially those living in more deprived areas – were often cited as a source of harassment over benefits and support being received by disabled respondents. One person in the visually impaired group said, ‘They think blind people are “looked after”’ – i.e. get all the help they need and more on a plate, and someone in the mobility group said neighbours often made pointed comments like: ‘You have got all this equipment!’

#### *Harassment from family members and partners*

As already indicated a range of harassment and related problems were reported as occurring within families, or perpetrated by people with whom respondents were in relationships of some kind (although many respondents did report highly supportive relationships with family, partners and friends). Discussing this category of harassment exposed or touched on a complex array of issues; some of the main ones are illustrated below.

Some respondents thought family members were embarrassed or ‘in denial’ about having a disabled relative:

*‘It comes back to the old thing, lock them up and make sure they are not seen around.’ (Interview, male, mobility and long-term health condition, age 60-74)*

Respondents with mental health conditions were particularly likely to mention difficulties with family members coming to terms with their condition ('the elephant in the room'). But respondents with a range of other impairments and health conditions also referred to the same issue:

*'My mother hasn't spoken to me for two years because she didn't like that I was epileptic. The last time I seen her, she wouldn't even stand next to us to speak to us. She stood at the other end of the mall and shouted across the mall, "I am not coming over there because you have got a bit of a cold and I am going to the hospital to see your auntie." But I am used to this, it is normal... And what everyone has talked about here [in the focus group] is just normal practice and you had better get used to it because it is never ever going to end.'* (Mobility group, male, age 60-74)

Individuals affected said that support from their family when they really needed it was not available:

#### *Harassment from family*

A man with an inherited condition said his family was ashamed of the genetic 'defect' and told others that he had had 'an accident' – to keep secret the 'family condition'. (Interview, male, mobility and long-term health condition, age 60-74)

Overt, direct and offensive verbal harassment from family members was also particularly reported by respondents in the mental health conditions group, who sometimes regarded their condition as a special case in terms of the fear and prejudice aroused and the disruption to normal family relationships. Other examples include a man with learning disabilities who was harassed by his wife; a man with mobility impairment and long-term health conditions who said that his violent stepfather had picked on him when he lived at home as an adult (this example is discussed more fully later); and a woman with long-term health conditions who said her older Asian relatives repeatedly called her 'a burden':

*'I'm absolutely still considered to be a burden at home, I'm being taunted at home, but I ignore it.'* (Interview, female, long-term health condition, age 31-59)

Examples of harassment from other people who respondents were in relationships with included: a woman who had formed a relationship with someone who serially sought out vulnerable women as 'live-in' partners and who was eventually convicted of harassment and abuse; and a transgender male attacked by men he had previously lived with (mentioned earlier).

Some respondents said that harassment by people with whom they were in a relationship was complicated by emotional and physical dependency and the need to believe a relationship is genuine, however dysfunctional.

### **Perceived motivations**

Respondents seldom offered any single motivation for the disability-related harassment that they experienced. One respondent outlined a spectrum of attitudes to disability:

*'There's a small percentage who are just – nasty – bastards I would say. There's a slightly larger percentage who are just ignorant, and if they had some sort of enlightenment they might be a bit better. A large percentage of people I think don't really understand but kind of are all right. Then there are a few people that think they know. Those who are really nasty are the ones I really don't like.'* (Visual impairment group, female, age range 31-59)

Ignorance about disability generally and certain types of disability in particular was thought by respondents to be pervasive, and a fertile breeding ground for disability-related harassment. Many respondents thought that there was widespread lack of genuine empathy for disabled people. One participant with impaired mobility said that people assumed her husband 'could not be her husband, must be her carer ... because someone disabled could not have a personal life'. Another wheelchair user said people spoke to him as if his understanding was affected, and a woman with visual impairment said people behaved towards her as if they assumed that 'if you can't see you're also daft'.

As previously mentioned some respondents said they felt non-disabled people were 'frightened' of them, of what they represented and perhaps of the possibility of being disabled themselves:

*'I hate people's attitudes – I suppose it's about learning difficulties as well as mental health - when they say things like, "Oh, don't get too close to them, you might turn out like them, or end up talking like them" that sort of thing. Like it's some contagious disease or something. It's not contagious! You just want to live your life and be a person.'* (Mental health conditions group, female, age 18-30)

*'I think we bring out fear in people. "If you spot it you've got it"... I think it brings out a lot of fear in ignorant people. They go into attack and bully us in that way because it's actually touching on their insecurities. They are frightened of what is going on with them.'* (Mental health conditions group, female, age 31-59)

Some respondents felt that people were sometimes embarrassed by them and uncomfortable about how to interact.

*'They don't want to help you.'*

*'It spoils their day basically.'* (Two focus group respondents with visual impairment)

Some respondents saw harassment simply as an unthinking emotional response to being seen as 'different' and vulnerable:

*'In general I think that if people are vulnerable, if they are ill, in general people are cruel to them... We are animals... it is part of human nature... they are like feral rats. If you are in a vulnerable state, they look out for your body language and so on, and they pick on you, they attack, they are like hyenas. They look for the ones that are weak and torment them.'* (LGBT group, male, long-term health condition, 31-59)

Some said they were seen as 'fair game' by people (especially young people) who were bored and had nothing better to do. They often took care to avoid adding excitement to this process, for example they refrained from reporting incidents to the police as this might only make the situation worse.

Many respondents thought that their perceived vulnerability made them an easy target for criminal and/or predatory individuals seeking profit, power or sexual gratification:

#### *Preying on vulnerability*

Last year someone came to the door saying he wanted to read the meter. Her lodger looked out of the window, and when the caller saw someone else was there he covered his head and left quickly. More recently there was another knock when she was in alone with her young daughter – she could tell from the intercom that he was breathing heavily, and standing close to the window. Her daughter looked out, and again he covered his head and left. She believes it is the same person. Both times the lodger's car happened not to be there, so she concludes someone nearby is checking out when she might be alone. From the voice she thinks it might be a taxi driver who used to pick her up. She has not reported her suspicions, 'the police might think I was crackers!' But she is very worried about it escalating, especially as her lodger is moving out soon. She is thinking of getting CCTV and another dog who will bark if someone is round the house outside – a guide dog is trained not to bark. (Interview, visually impaired, female, age 31-59)

While some respondents felt they were targeted because their impairment was visible (making them a more obvious easy target for prejudice, cruelty or opportunistic crime) others said they were sometimes harassed because their impairment was not visible. For example, a few respondents with impaired hearing said people simply got impatient with their 'slowness' in understanding; one woman with interstitial lung disease thought that most people attributed her breathlessness and frequent need to stop and rest in public places to her being overweight; another with multiple sclerosis found that if she was not using a stick people would comment that she was 'drunk' because of the way she walked. One respondent with a mental health condition said:

*'My mental health problems are not visible. I might seem to be a bit grumpy or a bit hyperactive... and if people only see me in that moment they might think that's just my personality. It's only if people know me over a longer duration, and get to see the swings – and changes – and the variability that you can work out there is anything amiss.'* (Interview, male, LGBT, mental health condition, age 18-30)

As already indicated in some neighbourhood settings, respondents identified envy and jealousy as a prime motivation for harassment of disabled people; not envy of their disability per se but of the perceived 'special treatment' they received as a consequence, be it disability benefits, housing improvements and adaptations, mobility aids and cars or reserved parking spaces, seats and toilets:

*'Envy' of disability support*

He has an adapted car, and a Blue Badge, and also mentions that he has had a lot of new heating put in for free under a special scheme. He believes in taking advantage of anything that makes his life 'just a bit' easier. He feels, especially in relation to the Blue Badge, that: 'People get a bit jealous, which is weird. They just make comments, "You're lucky to have that." But anything that makes my life easier is just great.' (Interview, male, mobility and long-term health condition, age 31-59)

One respondent's 19-year-old son with cerebral palsy had just had an extension built to meet his needs. The neighbours objected to the work on the grounds of noise but the respondent thought the real cause was jealousy; the neighbours also allegedly deliberately park across the dropped kerb outside the house designed to provide wheelchair access.

Another respondent had a new kitchen installed by the local authority to meet her disability needs and says she has met with a lot of jealousy from friends and neighbours:

*'Mine was done through the adaption team and I didn't think it would look the way it did. I was like a kid in a sweetie shop. And then I got "I don't know how you got that, you must have lied" ...I have reached the point where I will do anything to avoid attracting attention.'* (Mobility group, female, age 31-59)

## **2.5 Reactions to harassment**

### **Emotional response**

Very few respondents claimed to be emotionally impervious to harassment. Some said they managed to laugh it off and ignore it but it clearly cost them some effort. Some had adjusted over time:

*'When I was younger I was more angry, wanted to go and bop them. Now I tend to think oh you're just stupid, you're not worth it.'* (Interview, female, visually impaired, age 31-59)

Targeted incidents were often very shocking for respondents, especially where they felt no provocation had been offered, and they sometimes searched for rational explanations: 'Did I hurt somebody and not realise it?' wondered a member of the long-term health conditions group.

Many respondents said that being harassed made them feel more vulnerable. This could be very undermining, especially for those who normally tried hard to maintain an attitude of not being stopped or held back by their health condition or impairment.

*'I hate the word victim – it's not me, I don't identify as a victim... I don't want to be afraid. I want to live my life.'* (Interview, female, visually impaired, age 31-59)

Being harassed made people feel generally less safe, and often very fearful. As mentioned earlier many respondents had curtailed their lives to avoid situations where they felt they were likely to be harassed; for example, avoiding public transport at certain times of day or not going out at night:

*'You avoid it, there are lots of places where I would avoid going. I wouldn't go to the town centre after eight at night. I have been travelling on the bus and I feel threatened. I avoid the situation, if I get called (names) I walk off.'* (Asian group, male, mobility, age 31-59)

Incidents sometimes left respondents embarrassed or ashamed of their situation, even if there were no witnesses. Being harassed in public was humiliating for many

because of the attention they attracted. They were exposed, made to stand out from the crowd, made to feel different, pitiful and isolated. One respondent with multiple long-term health conditions was berated by a passer-by for being slow and getting in the way:

*'It was horrible, horrible. I got very flushed and red and embarrassed, more really worried in case anybody else had heard the language and (seen) that it was directed at me. People looking at you because she'd pointed you out and said those things... I was so taken aback and upset, I don't think I said sorry which normally I do you know... Even if you're not in the wrong.'* (Long-term health group, female, age 31-59)

Incidents where respondents were duped, exploited or preyed upon, especially by people they knew, were hurtful and embarrassing in equal measure. They reported feelings of betrayal, of being 'ripped off' and also of feeling foolish, gullible and weak. Many had found in any case that on becoming ill or disabled, previous friendships melted away. They felt especially dependent on existing or new friends and found it hard to accept that they had been exploited by them.

Many respondents were angry and resentful about being harassed, although these feelings were not necessarily at the forefront of their mind. Interviews and focus groups often provided a chance for such emotions to surface:

*'You just get so sick of it... You don't think about it at the time because it happens so often, but of course it is harassment because other people don't have to put up with that. They are left to get on with their business, whereas we are not.'* (Mobility group, female, age 31-59)

It was also common for people to feel some measure of guilt about an incident: to wonder what they had done to invite the situation:

*'I guess it is hard to tell what degree of responsibility you should take in those situations, but yes I guess I do always tend to think that it is my fault.'* (Interview, male, LGBT, mental health condition, age 18-30)

Respondents who had experienced harassment over the internet often found it distressing because of the direct trauma of being abused, fear generated by threats and the backlash or follow-on consequences, such as:

- Losing former friends caught up in the 'mob mentality'.
- Feeling forced to withdraw from certain internet sites which may have played an important role for them previously.



## **First reactions**

Respondents' first reactions to incidents when they happened tended to be to keep a low profile and escape the situation as quickly as possible:

*'I just walked off and left it because there were quite a few of them, I didn't want to escalate it... There were quite a few of them and I'm not well anyway.'*  
(Asian group, male, mobility impairment, age 18-30)

Some respondents however reacted differently; one wheelchair user for example described the following incident:

*'I was sitting outside a shop one day and this elderly man came up – I was eating a bag of chips at the time – and he put his face right up to me and said, "Are you enjoying them pet?" And I just looked at him and said, "Yeah I wouldn't eat them if I wasn't." And he didn't know what to say. But to me that was just stupid. Why would you talk to someone as if they are a child when they clearly are not?'* (Mobility group, female, age 31-59)

A visually impaired respondent said that she thought perpetrators did not expect retaliation from disabled people and that she had got into the habit of being very vocal if she was harassed in public places where passers-by were likely to come to her aid:

*'One day I was on the street with my guide dog and a man shouted "Get off the \*\*\*\*ing street." I stood up to him and he then came up and pushed me, actually on my breasts. The fact that he actually grabbed my breasts! It was totally deliberate. I should come off the street and if I don't he is going to grope me! It was frightening but my mouth is big. I told him about himself loud enough so people heard and came to my rescue. People came to my rescue, which I was very grateful for.'* (Black African Caribbean group, female, visually impaired and long-term health condition, age 31-59)

Another respondent said that in terms of how to react she had found counselling helpful:

*'I have become stronger, and I have become thick-skinned... I have put my foot down.'* (Interview, female, long-term health condition, age 31-59)

## **Telling someone**

Immediately following an incident, it was normal for many respondents simply to absorb the impact without telling anyone about it. If they did tell it was most likely to be someone they knew well and trusted; family, close friends and/or perhaps carers

or other familiar professionals. Some respondents said they didn't have anyone they felt they could talk to about being harassed. Telling other people was seen mainly as an opportunity 'safely' to unload the emotional impact of an incident. They did not want necessarily to do more than this:

*'There's only so much fighting you can do. You get very tired. Emotionally tired. I have had enough.'* (Interview, female, mobility, age 60-74)

In a focus group of people with learning disabilities, respondents said that the 'good' people to talk to are friends and family: people who can keep things to themselves, are responsive, who know and understand you, and have time for you:

*'They know your background. You don't have to explain too much.'*  
(Learning disabilities group, male, age 18-30)

Disability support groups and organisations had played an important part for some respondents in providing them with an understanding and safe forum for talking about disability-related harassment. They were keen to emphasise the significant role such organisations had played in helping them to unburden and feel less isolated. Importantly, some had been helped to be more assertive about dealing with harassment where they encountered it. One said that attending a local group had turned her from 'a gobshite into a bigger gobshite'. Another described the emotional need not to simply withdraw in the face of harassment.

*Victim is about you giving in to their power in a way, they want you to be their victim, and you want to fight back.* (Interview, visually impaired, female, age 31-59)

Less commonly, respondents made a formal complaint to a public body about being harassed, via an intermediary or directly on their own behalf. This subject is dealt with in the next chapter.

### 3. Public bodies and disability-related harassment

- Most respondents believed that disability-related harassment is widespread, but has a low public profile and is not well recognised.
- There was a strong view that more needs to be done by public bodies to address it; this is heavily influenced by high-profile cases where public bodies were seen to have failed harassment victims.
- However first thoughts were often uncertainty about what public bodies *could* do to put a stop to or respond to the sort of harassment they experienced, especially if it was 'low level', with perpetrators who could not be identified and where no public body was seen to have an obvious remit.
- This research supports previous findings that suggest there is significant under-reporting of disability-related harassment to public authorities.
- Barriers to reporting are numerous: being unsure whether what had happened was disability-related harassment; feelings of shame or embarrassment about what had happened; lack of confidence to report; concern about the process being stressful; not knowing about the duties of public bodies in this area, or which public body might be responsible; lack of confidence that a public body will take it seriously, or be able to do anything about it; low expectation of a sympathetic hearing; negative past experience of reporting; anxiety about reprisals or other consequences, and, in some cases, feeling partly to blame.
- The potential gains from reporting are often unclear or uncertain and may not outweigh the perceived disincentives.

Most respondents thought that disability-related harassment is widespread, and that as an issue it merits a higher public profile than they believe it currently has.

*'At the moment people get more irate about a dog pooing on the street than about somebody shouting abuse at a blind person. Says it all really... As a society we need to change.'* (Interview, female, visually impaired, age 31-59)

Not surprisingly perhaps, most respondents thought that more needs to be done by public bodies to address disability-related harassment:

*'They should realise it is their problem; it is something they should do something about. It is not necessarily them who are responsible for it happening but they know about it and should therefore do something about it.'* (Visual impairment group, female, 31-59)

Many were familiar with recent, high-profile cases involving harassment of disabled people, including that of Fiona Pilkington who took her own and her daughter's life after years of abuse from local youths. These were incidents that were shocking to respondents, and underlined for them their own vulnerability. In the Pilkington case, they were aware that various public bodies, including the local council and the police, had been informed about the incidents but had failed to address the problem.

However, respondents sometimes struggled to connect the idea of action from public bodies with their own personal experiences of harassment, especially 'low-level' incidents. Their first thoughts were often uncertainty about what public bodies *could* do to put a stop to or respond to this sort of harassment. What for example could any public body possibly do about young men driving around shouting insults and verbal abuse at people in wheelchairs, especially if the perpetrators were strangers and off the scene in an instant?

Moreover, though certain public bodies - such as transport, housing and education authorities - stood out to respondents as having some acknowledged responsibility in relation to any behaviour that takes place on their property, it was often difficult for respondents to know which public authority would be responsible in other circumstances and settings, for example on the street, in shops, at work and even in and around the home:

*'...There are no adverts or notices saying what an ordinary person should do if they are insulted or abused. For example if you... get a shout, "Oi cripple, are you on the dole?", who do you report it to?' (Asian group, male, mobility, age 31-59)*

One respondent – an active campaigner on disability issues and a local councillor - said that in relation to most of the incidents of harassment that she described, she could not think of any public body with a remit, apart from the police in the case of criminal activity.

### **3.1 Barriers to reporting**

This research supports previous findings that suggest there is significant under-reporting of disability-related harassment to public authorities. A relatively small number of the total incidents mentioned by respondents had been formally reported to anyone, rather than simply talked about informally with friends or family. While deciding formally to report an incident is a deliberate and considered act, *not* reporting an incident was often the outcome of much less conscious decision-making. Factors that inhibited respondents from reporting disability-related harassment to public bodies included the following:

### **Not recognising harassment incidents**

Respondents didn't necessarily recognise what had happened to them as disability-related harassment, or were sometimes not sure. Incidents might be seen purely as unpleasant events that had occurred, independent of their impairment or health condition. One visually impaired woman who was sexually harassed at a bus stop wondered:

*'Is it because he's seen my cane, or because he always does this with women?' (Visual impairment group, female, age 31-59)*

A few respondents with neuro-diverse conditions said they hadn't recognised treatment – for instance by teachers or employers - as disability-related harassment until long after the event.

### **Embarrassment or shame**

Some respondents said that they felt embarrassed or ashamed of their impairment or health condition and/or of being taken advantage of or abused because of it. Some group and interview sessions were highly emotionally charged for respondents talking publicly about harassment for the first time:

#### *Embarrassed about being harassed*

He has a learning disability and some other health conditions. His eyesight is very weak. He says that he is harassed on a daily basis by his wife, 'Every day telling me you are bad, you are blind.' She restricts his movements, takes his money and passport, and controls his mail. His GP has advised him to have counselling, but his wife has kept his appointments from him. He has told family members, but no one else. He does not want to involve the police or social services because he doesn't want his family life or his relationship with his wife to be disrupted, 'I am truly loving her.' He also said that he thought if he told people what was happening to him they would laugh at him, because he is a man being harassed by his wife.

(Interview, male, learning disabilities and long-term health condition, age 31-59)

### **Low self-esteem**

Some respondents said they had low self-esteem and lacked the personal confidence to report incidents of harassment. For example, one respondent with a learning disability said he was very nervous as a result of having been bullied most of his life. He said that people stare at him and he is constantly wondering if he is dressed wrongly, or whether he is in a place where he isn't 'allowed'. He keeps his problems to himself and broods on them. He will open up if someone invites him to, but he says he needs them to be sensitive enough to know that something is wrong and to ask him about it.

### **Concern about the process being stressful**

Many respondents were put off reporting because they thought it would be physically, mentally or emotionally stressful:

*'It is a hassle and I don't want to go through all that. You know, I'm 70. It's just too much...'* (Interview, female, mobility, age 60-74)

*'When you are feeling a bit better it's hard to remember how you felt when you were really ill, that is the problem... If you have any kind of illness, you haven't got any fight in you to fight it; you are fighting to get better. You just can't. The rest of the time you feel it is futile, a waste of time. That time would be better spent trying to look after myself and my mental health.'* (Interview, female, mental health condition, age 31-59)

*'I think part of the reason you don't get into this reporting is that for everything you want, you have to fight for it. If something happens you think, "I can't be doing with all this stress." You have had to go through it all just for the simple things, like going shopping. So you just get home and think, you know, I don't have the energy. It takes its toll.'* (Visual impairment group, female, age 31-59)

### **Public bodies not obvious for reporting harassment**

Many respondents knew very little about the duty of public bodies in respect of disability-related harassment. As suggested earlier, the idea of reporting harassment to a public body seemed to be something of a new thought to some respondents; they hadn't really considered the possibility before, especially in relation to some more common, low-level incidents. Nor was it clear to them which public body it would be appropriate to report individual incidents to; whose remit it was.

### **No confidence that public bodies will take them seriously**

Respondents often said they did not feel they would be taken seriously if they reported an incident, and doubted that anything would be done, especially if the perpetrator couldn't be identified or the incident was a 'one-off':

*Public body wouldn't want to know*

He is mobility impaired and uses a stick. Coming out of a pub with his girlfriend a few young people in their twenties started calling him names, like 'spastic'. He told them to 'f – off' and one punched him in the face, knocking him to the ground. He thinks that for the perpetrators this was 'a bit of fun – especially if they're with their mates. It's much funnier'. He managed to get away and back to his car and drove off. He thinks he was hit because the perpetrator 'had to look hard' in front of the others.

He did not think of reporting. He didn't think there was any point because the police wouldn't want to know. If he had been really hurt he might have thought differently, and fear of reprisal wouldn't have stopped him. If the person had been caught he does not think anything much would have happened to them. He is influenced by media reports which he thinks demonstrate that even rapists and murderers get very short sentences; they are let out early and 'nearly always' kill or rape again.

(Interview, male, mobility and long-term health condition, age 31-59)

Some respondents were sceptical of how much public bodies *could* do to prevent or take action against disability-related harassment even if they were willing to listen. This was partly about the powers available to public authorities, as one man said about being harassed by local children:

*'What can they do, ban kids?' (Interview, male, mobility and long-term health condition, age 31-59)*

Public bodies were also sometimes criticised for a 'box ticking' mentality and an overriding concern with targets and appearances at the expense of genuine action, which respondents said undermined their confidence in reporting harassment.

**Low expectation of a sympathetic hearing from public bodies**

Some respondents worried about reporting incidents to an unsympathetic ear; for example someone who couldn't empathise with their situation as a disabled person or see an incident from their point of view:

*'You tend to think that the police aren't people like me. You are not going to get disabled people in the police force... Perhaps they should employ people that have sensitivity to those issues if they don't themselves.'* (Interview, female, visually impaired, age 31-59)

*'I find even from medical professionals I don't always get great reactions if I disclose [that he is bipolar]. These are people who are meant to be trained to help you. Other authorities, I would feel even less confident about disclosing*

*to unless I absolutely had to.’ (Interview, male, LGBT, mental health condition, age 18-30)*

### **Low expectation of having access needs met**

On the whole, respondents had low expectations that public bodies would have good knowledge or understanding of the needs of disabled people, or provide the right access, communication and psychological support, even at the reporting stage. For some, form-filling was itself a deterrent:

*‘As soon as I have forms, I get that terrible creeping feeling of not wanting to be there at all. Forms are my sort of nemesis. Face-to-face oral reporting would be a minimum requirement.’ (Neuro-diverse group, male, age 18-30)*

One participant with some experience of campaigning on disability matters other than harassment commented that, if it came to seeking redress, courts and the court system were ‘among the worst’ for meeting access needs – for parking, physical access, documents in accessible formats and so on.

### **Negative past experiences of dealing with public bodies**

Some respondents said they had had negative dealings in the past with public bodies that would put them off reporting harassment incidents. For example, a number of those with mental health conditions or learning disabilities had ‘been in trouble’ with the police and found it hard to see them as potential allies:

*‘I have had a few experiences with the police before when they have just called me a liar to my face. So I don’t like the police very much because they are never there when you need them, just when they are getting you into trouble and stuff like that... I remember this one time I was in a fight with this guy who started winding me up because of my ADHD, and the police broke it up and asked who started it. And I said it was the boy who was winding me up because of my ADHD and the policeman said: “Stop making up ADHD, there is no such thing.” So I started going nuts with him and he didn’t believe me.’ (Learning disabilities group, male, age 18-30)*



### *Negative past experience of reporting to a public body*

The respondent is visually impaired. Of many incidents she recounted, there was only one she ever reported to the police and it happened many years previously when she lived in London and used the Tube. A man kept touching her legs in spite of her protests and tried to follow her off the train – she only got away because two other passengers stopped him from alighting. She knew many visually impaired people used the network and for that reason decided she should report it to the police. She remembers, ‘They said there’s nothing we can do. You don’t know what he looks like – [laughs].’ In fact she had some sight at that time and had given a partial description. She felt also they thought it was pretty trivial. ‘There was nothing [in the police response] that encouraged me, clearly, because I never have again [reported incidents].’ ‘I thought they would just say the same, you can’t give us any information.’ (Interview, female, visually impaired, age 31-59)

Other respondents said they had found public bodies such as local authorities or transport providers difficult to communicate with or to access in the past, and overly rigid or process-bound in their dealings with disabled people.

Some respondents who lived in areas where anti-social behaviour was common said they were accustomed to the seemingly automatic response when complaining that ‘everybody gets that’. One person in the mobility group said how having the tyres on her mobility vehicle let down frequently means she is stranded:

*‘Any of those things to a policeman is sort of “oh, lots of people have their tyres let down”, but they don’t see what effect that has on a disabled person which is why they are reporting it.’ (Mobility group, female, age 31-59)*

### **Anxiety about reprisals or other unwelcome consequences**

Respondents sometimes said they were anxious about possible reprisals and of making matters worse if they reported incidents. A common fear was that situations would be only half dealt with at best, leaving them to face the consequences:

*‘I’m not going to walk into the police station. When you’re that frightened, you can be paranoid about making a phone call – it might sound crazy but if you are that scared you think of anything that could increase the danger. People don’t feel safe to report... These are serious issues that affect people’s lives. Once you say to people come and report, they really need to know that that’s solid, not just something that’s got to be done so your chief officer gets a pat on the back.’ (Interview, female, visually impaired, age 31-59)*

*‘The trouble is reporting individuals you’d be frightened.’ (Male, long-term health conditions group, 60-74)*

Where incidents had been perpetrated by friends, family or acquaintances, respondents said they could be anxious about damaging or losing the relationship:

*'There is an emotional investment – it's called Stockholm Syndrome where you put an emotional investment into somebody because you are needy, then even if they are running riot with you and using you because in some way you are completely emotionally dependent on them – you wouldn't do the obvious thing that would seem so straightforward to someone who wasn't vulnerable or had a problem. You are emotionally reliant on someone that treats you badly. There is a need being met but there is a huge price to pay.'*  
(Mental health conditions group, female, age 31-59)

#### *Anxiety about losing friends*

She is bipolar and has been in situations recently where she feels friends have taken advantage of her vulnerability to borrow money or obtain sexual favours.

A male friend, for example, took her out for dinner to cheer her up and comfort her, but made it clear during the evening that he thought sex was part of the bargain. 'He just pursued, and pursued and pursued me. Afterwards he said, "I am sorry, I feel that I've really taken advantage".' She added that 'I think I said: "Don't worry".'

She needs to think the best of her friends and is terrified of losing them. 'When I am well I have lots of friends, but the minute you feel unwell people disappear quite quickly is the truth of the matter. So you tend to want to hang on to those people who will be there.' For these same reasons she would be unlikely to talk about let alone report this kind of incident.

In another incident she remortgaged her flat in order to lend money for a business venture to a woman who was a former therapist but who had become her 'friend'. The friend had looked after her when she had a breakdown and helped her to stay out of hospital, so she felt indebted to her. At the time she had signed over Power of Attorney to this friend, though 'I have no recollection of it'. When her own financial position became less secure, she asked her friend to pay back the money she had loaned without any formal agreement being signed. Since then, the friend has been 'markedly less available to me'. She has paid back some of the money she was loaned, but only under pressure. Other friends of the respondent believe she has been exploited. She is still not sure, but she says: 'If I am honest I did feel compromised (when she asked me for the loan). This was someone who I had lived with when I had my breakdown. If I hadn't, I would have been hospitalised, which I am terrified of. Part of me felt pressured to keep this friend. I don't have any

family at all, and this was the nearest thing I had. I felt I couldn't say no.'  
(Interview, female, mental health condition, age 31-59)

### *Cuckooing*

He asked: 'Have you ever heard the term cuckooing?' All the others in the group nodded in recognition. He made a friend – or he thought it was a friend, really just an acquaintance of a couple of weeks. He invited him to stay temporarily in the flat 'to give me a bit of support'. The other person quickly 'took over' – keeping at least three-quarters of his benefit, some of his medications, wearing his clothes and taking his watch: 'I hadn't got the strength to do something about that situation. I was aware that I was being exploited.' He felt he could not go to the police or the council because he was terrified of either of them investigating him, because having someone else in the flat affected his benefit and housing status. He said that perpetrators who do this to vulnerable people understand this very well: 'You are always anxious and worried about upsetting your situation. The one thing I need to be able to function is stability. Anything that rocks the boat, even by a few pounds a week, makes a mess of my life and I go to pieces... The first thing the council will say [if you report someone staying even against your will and exploiting you] is that you are breaking your tenancy agreement.' (Mental health conditions group, male, age 31-59)

### **Self-blame**

Respondents often blamed themselves or said they thought they might have contributed in some way to incidents that had happened to them. This was another potential barrier to reporting; making it harder for respondents to tell someone about the event and increasing the concern that their side of the story might not be believed:

### *Self-blame*

He is transgender and bipolar. He says that he has been taken sexual advantage of when his mental health condition has made him vulnerable. For example, he was working as a model and was seriously sexually assaulted by the photographer who refused to stop when he was asked and ended up 'doing the wrong kind of photo shoot' involving inserting things into his body. He said that he felt like 'a small animal, kind of trapped in the corner'. He is clear that in this incident the perpetrator took advantage of his mental health state. Afterwards he went to hospital where medical staff advised him to go to the police, but he did not think he would be able to press assault charges given the circumstances of the incident. (Interview, male, LGBT, mental health condition, age 18-30)

**Uncertain rewards**

To set against the barriers, doubts and concerns such as those already outlined, the potential positive *gains* from reporting or making a complaint often seemed uncertain to respondents - for example in terms of identifying and punishing the perpetrators and/or stopping further incidents.

**Cyber harassment**

Respondents often felt particularly helpless in the face of harassment over the internet. Respondents who had complained or sought advice often reported discouraging responses, for example with schools taking the restrictive view that they have no jurisdiction in the cybersphere, or outside their physical domain. Some respondents felt that the onus was seen to be on them for using the internet in the first place: for venturing into lawless territory.

#### 4. Experiences of reporting to public bodies

- Where disability-related harassment incidents had been reported, these tended to have been more serious, even criminal or borderline criminal episodes.
- Positive experiences of reporting increased the likelihood of future reporting.
- Motives for reporting included considerations of justice, personal safety, wider benefit especially for other disabled people, the need to vent or have one's experience 'validated', and the value in having incidents of harassment officially recorded.
- Some respondents chose an indirect route for reporting incidents, preferring to be represented rather than reporting themselves.
- Good experiences were those where it was clear who to report to; the process easy; staff were disability aware and sensitive to their needs; they had a sympathetic ear and a chance to describe the incident in full; there was a swift response and action was taken that they were satisfied with; they were kept informed of what was happening/being done; the risk of reprisal was taken into account by the authority. Bad experiences were the inverse of the above.
- Respondents who were regularly involved with active local disability organisations were on the whole more confident about reporting and more determined to seek effective responses.

This chapter draws out some of the key themes and lessons from respondents' experiences of reporting harassment to public bodies. As the previous chapter indicates, reporting to public bodies was rarely undertaken lightly, and often only when respondents felt they had little alternative - sometimes without real hope or expectation of a satisfactory resolution.

Respondents were more likely to report harassment incidents if:

- The incident was *undeniably* serious, for example was a criminal or potentially criminal act, or carried some future threat. This is one reason why a high proportion of the examples of experiences of reporting to a public body provided later in this section involve incidents that were reported to the police.
- They were able to identify an organisation with a clear remit to address the kind of problem presented by the incident.
- They knew where and how to contact the relevant authority and did not feel worried or intimidated by the prospect.
- They felt there was a realistic chance of achieving a desired outcome, such as catching and punishing perpetrators, or better training for staff in an organisation.

Respondents regularly involved with active local support groups and disability organisations were more confident about identifying incidents and articulating aspects of them, and more determined to seek effective responses. On the whole, respondents who were confident about their disability rights seemed also more likely to report events.

Where incidents had been reported, or where reporting had been seriously considered, strong motives given for this included:

- *Justice.* To try to make sure that perpetrators were ‘punished’ and not allowed to ‘get away with it’.
- *Personal safety.* To get something else done that would make them personally feel safer in the future, for example increased protection or relocation.
- *Wider benefit.* To get something done that would make other disabled people safer from future harassment. An example would be signs on disabled facilities to remind people that impairments are not always visible and that people using those facilities may not ‘look’ disabled.
- *Venting, seeking validation.* To let someone in authority know simply that they had been subject to unacceptable harassment – to ‘unload’ or ‘let off steam’. This was important to many people - respondents often described how harassment could ‘eat away’ at them or how they would ‘brood’ on incidents and inflate their significance.
- *Recording.* To make sure that some record existed of what had happened to them; and to make sure that authorities were aware of what was happening in their area. Some respondents also saw this as part of building up a bigger picture of the incidents happening to disabled people in a neighbourhood.

*Reporting to the police* This respondent is mobility impaired and also has various long-term health conditions. Going to the hospital alone, about three months before she was interviewed, she was crossing a road when a complete stranger came up to her, spat at her and called her a ‘crippled bitch’.

*What she did* She reported the incident to the police without hesitation, though it ‘could not be followed up’ because she could not say who it was or where they lived. She found their response very frustrating:

*‘The police are under this illusion. If a disabled person reports an incident against them, the police don’t always log it as a hate crime even though the person is disabled and this could be an ongoing thing with them... A lot of this is still under a blanket and we need to bring it out, and bring awareness.’*

She has since taken steps to set up a reporting centre to help the police build a profile of incidents in a particular area, and also 'educate police' about the kinds of things going on. She says the police at local and regional level are backing the initiative, though it is independent of them. The centre will offer support and take details of incidents without rushing people and 'where they can moan and cry if necessary'. She is keen to encourage reporting, ideally through a 24-hour helpline. She thinks the centre should be funded as a public service but is prepared if necessary to continue to obtain funding for it herself. (Interview, female, mobility and long-term health condition, age 31-59)

*Reporting to the police* He has impaired hearing and was walking along the road when a 'youngster' riding their bike on the pavement, came up behind him. He didn't hear their bicycle bell, but he saw other people stepping aside and followed suit, but too late, and was knocked over:

*'He got up and started using obscene language to me. He was only about 13, or 14. I grabbed hold of his bicycle handlebars and the people came out from Tesco. He wrestled it away from me, ran down the road and leapt on his bicycle and was away... He used really obscene language and he didn't offer to help me up.'*

*What he did* The respondent was very shocked and felt it was an incident that should be reported to the police. He had no communication difficulties with them; they appeared to be sympathetic, though he could not describe the perpetrator in detail. (Hearing impaired group, male, age 75+)

Some respondents chose an indirect route for reporting incidents, preferring to be represented rather than reporting themselves. This could be, for example, because they lacked confidence to tackle reporting procedures, did not think that they would be listened to or taken seriously or were worried about reprisals and therefore wanted to remain in the background. Representatives in these instances were often disability groups or organisations that the respondent knew and trusted.

*Reporting to the police* This respondent with learning disabilities has had a lot of harassment from kids near where he lives; throwing stones at the windows and other missiles to get him to come out and chase them. Also every time he went out he got taunted and followed. He told staff in charge of the shared house. Cameras were installed which cut down on the harassment around the house, for example damage to the property, but didn't prevent the kids from harassing him on the street. The police were involved, a community officer came to talk to the kids, and so did the ordinary police, though the kids would disappear when the police were there. The 'person in charge of the house' dealt with the police rather than him. He feels they

wouldn't pay him much attention, but they do listen to the person in charge of the house. (Learning disabilities group, male, age 31-59)

#### 4.1 Good experiences of reporting

Good experiences from the respondents' viewpoint were those where, for example:

- It was clear who to report to.
- The process was accessible to the complainant.
- They were met with a sympathetic and understanding reception.
- The authorities responded swiftly, where it was called for.
- Staff concerned were disability aware and sensitive to the needs of the person reporting harassment.
- They were given the opportunity to describe the incident in full.
- Something happened in response to the report, that satisfied them to some degree.
- They were kept informed of what was being done.
- A resolution was sought that reduced the risk of reprisals or escalation of the problem.

It should be noted that positive experiences of reporting increased the likelihood of reporting future incidents, and that sometimes this could be irrespective of whether the incident itself was satisfactorily resolved. For example, one respondent in the LGBT group had reported several incidents to the police, even without being able to identify the perpetrators and with hardly any success in terms of tangible outcomes. His reporting behaviour was reinforced because he felt that each of his reports had met with an appropriate, sensitive and sympathetic response. The following are further examples of good experiences of reporting.

*Reporting to the police* This respondent has been severely visually impaired from birth. He had to move some furniture and engaged someone to help him, a regular customer in the shop where he worked. This individual took cheques from the respondent's cheque book and subsequently cashed £4,500, a fact that came to light a few weeks later. The respondent believes that he was targeted and that the incident would not have occurred if he had normal sight.

*What he did* The respondent felt that in the circumstances he had no choice but to report the incident to the police. He felt that the case was dealt with sensitively by the police who took account of his impairment and therefore took a lot of time to go through the details of the case. They visited him in his home where the incident had taken place and were supportive and understanding in regard to the emotional upset he experienced. The perpetrator was later convicted and served a prison sentence.



(On release from prison, however, the perpetrator visited the respondent to ask if he could borrow some money.) (Visual impairment group, male, age 31-59)

*Reporting to housing authorities* This respondent is severely mobility impaired and lives in disabled housing. Children living in the neighbourhood targeted her home and damaged her garden, pulling up plants and stealing ornaments.

*What she did* The respondent reported these incidents to the local estate officer who came to her house and took photos of the children, whom she recognised. She (the estate officer) was able to talk to the children's parents who agreed to put a stop to the problem. One of the parents brought her daughter round with a bunch of flowers to apologise. This was felt to be a satisfactory outcome resulting from having 'good people' in the right posts to listen to and deal with reports and complaints. The estate officer was locally based, knew the neighbourhood, was able to take the time to investigate the case thoroughly and sensitively, and sought a resolution that reduced the risk of escalation. (Mobility group, female, age 31-59)

*Reporting to the police* This respondent is bipolar. She was in a relationship for several years with a male partner who had problems of his own – including alcohol, learning difficulties and previous trouble with the law. When things went wrong in the relationship his family constantly referred to her as 'the bipolar bitch'. Her former partner sent her dozens of abusive emails and texts every day and reportedly called the police one day to say 'this crazy woman needs sectioning because she says she'll kill me'. The police duly investigated and after assessing the situation advised her to bring a harassment case.

*What she did* At first she could not face the prospect of pressing a case, but changed her mind later when her former partner 'got his hands on someone else (also bipolar) and began to abuse and belittle her as well'.

*'His aim was to reduce someone to whatever their illness was – if you were bipolar you would be getting more and more chaotic – so that therefore you would take part in (sexual) things... Each to their own, but I was engaging in activity that normally there was no way on God's earth... (that I would).'*

The police were helpful in identifying the patterns in the perpetrator's behaviour, and she found them useful and supportive, especially the multi-agency Adult Protection Team when they got involved. (Mental health conditions group, female, age 31-59)

*Reporting to housing authorities* He is mobility impaired. He lived at home but never got on with his stepfather who tends to drink. He admits that he 'winds people up sometimes'. 'I say things and it causes the wrong reactions. I'm quite blunt; sometimes it gets me into trouble.' He sometimes said provocative things to his stepfather who 'reacted badly' and was violent to him, physically assaulting him. He doesn't know for sure that it was related to his impairment but the impairment made him 'just a much easier target'.

*What he did* He wanted to get out of the situation, 'I just didn't want to be there, didn't want to be that vulnerable', but didn't want to cause any trouble for his mother by involving the police. He asked to be rehoused, giving his reasons. He was found new accommodation as a priority because of his impairment and the harassment. He also spoke to his GP who 'backed him up'. It took about eight to nine months, which would have been a long time if he had had nowhere else to go, but in his case he spent a lot more time at his girlfriend's mother's house. (Interview, male, mobility impairment and long-term health condition, age 31-59)

*Reporting to the police* This respondent is overweight, gay and bipolar and has some long-term health conditions. He supposes he looks different, which is why he gets a lot of problems on the street; people calling him names. One woman called him a freak 'out of the blue'. One day he was chased by a gang of youths and was frightened to death. They stood outside his flat shouting insults.

*What he did* He phoned the police who came in half an hour and were very patient and sympathetic, recording the incident. The youths had by this stage gone from the scene, but he was reassured by the police attention. (LGBT group, male, age 31-59)

The following case, though it achieved an outcome eventually that was what the respondent wanted, shows the enormous amount of effort and commitment from disabled people themselves that is sometimes required before a situation is addressed by a public authority:

*Reporting to the police and housing authorities* This respondent has a long-term health condition that affects her in various ways when it flares up, including her mobility. Her teenage daughter also has a long-term health condition. The family lives in one of a group of five houses for disabled people on the edge of a housing estate which has a lot of deep-seated social and economic problems. For years the five families were regularly targeted by local children (ages estimated from six to 14 years). They would climb on the roofs, damage and destroy their cars, destroy their bins. 'They were ruthless.' She was in her garden at the front of the house one day when a little girl stopped and said, 'Oh, your flowers are very nice!', before adding: 'Are you going to use them on your grave?' The respondent said it was very clear in context that all these incidents were related to the neighbours' resentment and hostility towards those in the housing set aside for disabled people. The respondent found these incidents very stressful and frightening. On more than one occasion her car, which she relies on for work and to transport her daughter, was damaged. Another respondent in this group commented: 'Unfortunately, if they group you together you then become a prime target.'

*What she did* The police – including the community police - were called on many occasions, but with little result and with some escalation of the problem: 'It was a mistake involving the police actually. Because that was making them (the children) more upset. And the police were like, "Oh, there's nothing we can do any more".' In the end, the respondent and one other resident organised a petition to the local council to make the properties more secure. The matter went to consultation for more than a year during which they thought that nothing was going to happen. The respondent was very persistent, kept logs of incidents and of all correspondence about the matter. She had to become very organised and evidence-based. 'My bedroom is full of files!' Finally new measures were installed including security gates round the small complex. There are still incidents but both the frequency and the intensity are much less. However the residents still have to be sure not to leave their cars outside the gates. (Black African Caribbean group, female, mobility and long-term health condition, age 31-59)

The final case in this section is also included as ultimately achieving a good outcome through reporting to a public body, in that the person who was harassing the respondent was eventually evicted. However before reaching that resolution, the respondent felt he was treated insensitively by the police and by the local authorities who did not at first take his complaints about anti-social behaviour seriously because he himself was known to them for 'difficult' behaviour related to his mental health condition. The situation was eventually resolved to his satisfaction, but only because a chance visit by the Anti-Social Behaviour Unit provided the evidence that they wanted:

*Reporting to the police and local council* This respondent has severe and complex mental health conditions and lives alone in social housing. When he first moved in he told his neighbours about his condition, partly in the hope that if he became ill one of them might intervene before his condition became out of hand. He was very emotional when he said, 'But it never happens like that'. Instead one of his neighbours began to harass him with incessant loud noise, damage to his front door and other behaviour suggesting that possibly the perpetrator also had a mental health condition. For example, he threw himself at the respondent's window 'leaving blood smeared everywhere'.

*What he did* He called the police whose response was that if he wanted to pursue a complaint both parties would have to be arrested and taken to the station for questioning. When he complained instead to the local council they said the only solution they could offer was to move him on. Finally, the Anti-Social Behaviour Unit called and while they were there ('luckily') the neighbour began to 'kick off'. Having witnessed the harassment, the council took a different view of the incidents and the neighbour was eventually evicted, which was the result he wanted. (Mental health conditions group, male, age 31-59)

## **4.2 Bad experiences of reporting**

Bad experiences of reporting from the respondents' standpoint were those where:

- The reporting process was difficult or unclear.
- The organisation and individual staff concerned were unreceptive and/or insensitive to the respondent's impairment-related needs.
- Nothing happened following the complaint.
- They were not informed of any action that had been taken.
- There was escalation of incidents as a result of reporting.

In some cases, attempts to report harassment were unsatisfactory because no one would accept that the incidents were part of their remit or that there was anything they should do in response to them. Some of the facts of the cases below were mentioned earlier, but not the full stories of attempts to report the harassment.

*Reporting to a transport provider* This respondent has been visually impaired since birth. After losing her remaining sight, she took some time to regain her confidence enough to use the familiar bus that she relied on to get to town, using the seat set aside for disabled people. One day the driver advised a woman with a young child to 'Get that girl to move'. 'He couldn't talk to me, had to get them to do it.' This experience was repeated on a number of occasions with the same bus driver involved each time. She felt that he was targeting her personally. She was upset and more than once reduced to tears. Her confidence was undermined and she eventually stopped using the bus on her own, so can only travel to town if she goes with friends. 'I have not been able to travel on my own now for two years.'

*What she did* This respondent did not complain directly to the bus company because she knew that the driver would be able to identify her as the complainant and she was afraid that matters would be made worse. She discussed the case with the Guide Dogs Association who took it up in a general way with the bus company concerned, but there is no evidence that any action has been taken. For example, she has not heard if the driver has been offered disability awareness training. She would have liked the driver to receive some education about how to speak to a person with visual impairment and how to help them. (Visual impairment group, female, age 31-59)

*Reporting to the police* This respondent is severely mobility impaired. He drives a van with a lift for his wheelchair. One day he was getting out of his van at home when a man appeared behind him claiming to be carrying out a survey for charity and signing people up for monthly donations. The respondent was in his chair between his van and a wall and said that this made him feel very trapped and vulnerable. He did not like the perpetrator's pushy attitude and was put on his guard when he said that a lot of the neighbours had already signed up, since he knows most of his neighbours are older people. He managed to get to his front door but because it is electrically operated it closed quite slowly giving the alleged 'charity worker' time to follow him into his home uninvited. Once in he was very persistent and encroaching and tried to persuade the respondents to give him access to his bank details and bank card. The respondent was alarmed and intimidated but managed to resist the man who eventually left. The incident was very upsetting and the respondent was visibly shaken in recalling it.

*What he did* The respondent went to the police station to report and the officer wrote everything down, but he wasn't given an incident number so had nothing to follow up with when he heard nothing further from the police. He was hoping that the police would take it seriously as a potentially criminal incident. He didn't know what he was entitled to expect, what the procedures were and that he should have received an

incident number. Overall, he felt the police didn't take it seriously. (Mobility group, male, age 31-59)

*Reporting to education authorities* This respondent is 17 years old. He had a brain tumour as a young child and subsequently had a stroke. His mother attended the group session with him and helped him describe his experiences. While he was attending college he was teased, bullied and had his money and phone stolen. The respondent has also been bullied on a social network site, especially with people calling him names. The perpetrators were people he was at school with.

*What he did* He made a new social network account rather than tell anyone about the bullying, partly because he has so much difficulty communicating. The cyber-bullying incidents were very upsetting and eventually his mother found out. She contacted school but they said it was not in their remit because they were happening outside of school, even though the perpetrators were school pupils. (Learning disabilities group, male, age under 18 (carer present))

*Reporting to housing authorities* This respondent has severe mobility impairment and lives in adapted housing. Recently, people have been throwing eggs into his back garden as well as stones, sticks, beer cans and potatoes. He doesn't want to go and look while it is happening because he feels vulnerable. It is hard for him to get to know his neighbours because their homes are inaccessible to him, and this means that he doesn't really have a local network that he could use to identify the culprits. He knows that he is being targeted because the houses on either side of him are unaffected.

*What he did* He has reported the situation to the housing association, but they say they are unable to do anything because he can't say who the perpetrators are. (Mobility group, male, age 31-59)

*Reporting to the police and housing authorities* This story was told by a representative of the individual concerned who was too frightened to attend the focus group herself, or have her name mentioned in the group. She has cerebral palsy and is the single parent of five children, separated from her ex-partner because of assault and abuse. The police had her re-housed in disabled accommodation in a different area so she would be safe from him, but in her new home windows were broken even before she had moved in. Her windows were broken more than 20 times and stones and other things were thrown at the house, which she was frightened to leave. On one occasion she was at her kitchen window washing her dishes when the window was broken.

*What she did* She contacted the police and the housing company on several occasions and was told by the housing officer 'everyone gets this'. The police told her they have higher priority crime to deal with. Her children were at the same school as the main perpetrators, so they had no respite from the harassment either at home or school. In the end the house was being bombarded by snowballs or eggs for hours at a time, but because there was no injury or damage, the police said there was nothing that could be done; even though the incident was reported. She says that the police implied that she was being paranoid. The final outcome was that the family was eventually rehoused again which was what they wanted. However, the police, once they had started to take the incidents more seriously, had wanted the opposite outcome: to move the perpetrators out. The respondent felt they didn't understand the situation; that the house would remain targeted even if they moved one particular set of perpetrators out. There is a lack of accessible housing which she says is one reason why the police and housing authorities prefer not to move disabled people. (Mobility group, represented case, female, background details withheld by request)

*Reporting to the police* He uses an electric wheelchair when he is outside and once or twice a month he has abuse shouted at him from passing cars.

*What he did* He reported these incidents in a general neighbourhood meeting with the local police when they specifically asked for reports of incidents of this kind. There was no action or follow-up feedback to him. He felt this was a pointless tick box response and will not bother reporting this harassment again. 'Every so often the police will wheel out a couple of people to talk about things; it is part of ticking their boxes.' He says these approaches by the police are a recent development in his area. (Interview, male, mobility and long-term health condition, age 60-74)

In the final case in this section, the respondent concerned believed that his mental health condition and lifestyle as a gay man predisposed the police and housing authorities not to take seriously his reports of abusive neighbours:

*Reporting to the police and housing authorities* This respondent is gay and has a mental health condition. His neighbours know both that he is gay and that he is schizophrenic. They call him names and shout swearwords. He is a fearful person and his condition brings with it a degree of paranoia that increases his fear.

*What he did* He has called the police after various incidents involving his neighbours, but he says that his neighbours lie about him and that neither the housing association nor the police accept his version of events:

*'If they (the police) turn up, they see me as having an illness, as if I am seeing things and hearing things... They won't take me seriously.'*

He has been subject to noise harassment, but the housing authorities require proof and because they have set times when they are prepared to attend the site have never acquired the proof. (LGBT group, male, mental health condition, age 31-59)

### **4.3 Reporting issues and respondent subgroups**

The preceding sections cover reporting issues common to many respondents irrespective of the type of impairment or health condition. However there was also some evidence of important differences between impairment subgroups. For example some respondents with mental health conditions said they had uneasy relationships with certain public bodies such as the police (who may have been involved in complaints made against them, or in helping forcibly to section them), and/or with health personnel (who may have imposed compulsory forms of treatment, or whose treatment may have been experienced as inadequate or unsatisfactory). They also sometimes said they were accustomed to not being believed, on the grounds of their mental health conditions. Similarly some respondents with neuro-diverse conditions lacked confidence that their condition (or any report of harassment) would be taken seriously by public bodies.

Important variations between and within impairment groups means that public bodies need a sophisticated model of disability awareness that extends well beyond enabling access for wheelchair users and communication for people with sensory impairments.



## **5. Concluding remarks**

This chapter contains some concluding remarks and observations based on the evidence presented in preceding chapters.

### **5.1 An issue for everyone**

Disability touches the lives of most people in the UK at some point during their life-course, either directly because of impairments or health conditions that affect them personally, or indirectly because of impairments or health conditions that affect family members or friends. The ONS Life Opportunities Survey Interim Report published in December 2010 found that 29 per cent of adults had an impairment and 26 per cent were disabled as defined by the Disability Discrimination Act. These proportions rise steeply among those over the state pension age.

### **5.2 A widespread problem of unknown magnitude**

Previous research has suggested that disability-related harassment is a widespread problem; a finding that is supported by the evidence from this project. Incidents that come to public attention may be the tip of the iceberg, especially if the full range of types of harassment – including low-level harassment – is included. However, reliable statistics on the magnitude of the problem are not currently available. Although this is a gap that needs to be addressed, the collection of accurate prevalence data – whether through sample surveys or administrative records of public bodies such as the police - is likely to be complicated by various factors highlighted by this study, such as definitional and reporting issues.

Getting accurate information about harassment - either through surveys or by recording reported harassment at a local level - is a priority for estimating prevalence, setting priorities and monitoring the impact of efforts to address disability-related harassment. Clear definitions are needed to establish what is to be included or excluded. These need to be acceptable to disabled people themselves.

### **5.3 Links to social deprivation**

Harassment of disabled people occurs across the social spectrum. Respondents were from a wide range of social classes and so were perpetrators. Examples were provided of harassment that took place in all kinds of areas and settings.

However, disabled people are more likely to live in lower income households and in poorer areas<sup>9</sup>, so harassment is more likely to be concentrated in these locations. Moreover, evidence from this study suggests that social deprivation is an important contributing factor in some disability-related harassment. For example, in areas where unemployment is high and poverty an issue, anti-social behaviour targeted at disabled people may be more prevalent and resentment may build where disabled people are perceived to be getting special treatment, such as extensions and adaptations to their homes, special transport, and extra benefits. When it came to reporting disability-related harassment to public bodies, respondents sometimes felt that living in an area of social deprivation could ‘fog’ the issue, with the authorities likely to regard reported behaviour as typical of the area rather than dealing with it as disability-related.

#### **5.4 Links to ethnicity, sexual orientation and gender identity**

This research did not uncover a lot of evidence about disability-related harassment that was particularly related to ethnicity, sexual preference or gender identity; however it should be noted that it was a small study and was not set up with this objective in mind.

Some respondents felt that being part of a cultural minority as well as disabled could be a ‘double disadvantage’, but there was little suggestion that they were more likely to experience disability-related harassment as a consequence. On the other hand being disabled as well as part of a group that could be harassed for other reasons made some respondents feel especially vulnerable and respondents in both the Asian and black African/Caribbean groups mentioned avoiding areas where they thought they could be picked on because of their race or ethnicity.

Some respondents said that they were more likely to be bullied or harassed about their disability by others from the same cultural group than from the wider public. For example, two gay respondents with HIV said they were more likely to be harassed by other gay people than by members of the general public. And one respondent from the black African/Caribbean group said that other Africans were more likely to have negative attitudes to his mobility impairment than the wider community.

There was a suggestion that some cultural groups were less likely than the wider public to want to involve outside agencies in solving problems, including disability-

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<sup>9</sup> Palmer, G., MacInnes, T. and Kenway, P. (2007) Monitoring Poverty and Social Exclusion 2007. York: Joseph Rowntree Foundation and New Policy Institute.

Parckar, G. (2008) Disability Poverty in the UK. London: Leonard Cheshire Disability.

related harassment. For example, some Asian respondents said such matters tended to be regarded as private family issues.

Some respondents mentioned problems they had trusting public bodies because of past experiences with such agencies, for example including prejudice and insensitivity. There was some discussion within the LGBT group about how far trust of the police had improved within the gay community, but they still thought that many gay disabled people would be unlikely to turn to the police for help if victimised.

Some respondents in the black African/Caribbean and LGBT groups seemed more confident and assertive about their race equality and gay rights respectively than about their disability rights.

## **5.5 Public bodies**

Many respondents recognised an important role for public bodies in encouraging reporting of harassment, dealing with incidents when they arise, addressing underlying issues and taking a lead in cultural change. But public bodies still have a lot of work to do in establishing themselves as natural champions and effective guardians of a harassment-free society, including:

- Cultivating a more sophisticated understanding of the needs and experiences of different groups of disabled people.
- Strengthening relationships with them.
- Building trust in the commitment of public bodies to tackle disability-related harassment.
- Building confidence in their skills and capacity to act.

## Appendix A: Achieved sample

### Groups/interviews

Asian focus group	6
Black African/Caribbean focus group	8
14-16 year olds focus group	5
LGBT focus group	5
Learning disability focus group	7
Mental health conditions focus group	6
Mobility impairment focus group <sup>10</sup>	9
Neuro-diversity focus group	6
Hearing impairment focus group	4
Deaf focus group	4
Visual impairment focus group	5
Long-term health conditions focus group	6
Interviews	16
TOTAL	87

### Impairment/health condition

Learning disability	14
Neuro-diversity	9
Mental health conditions	18
Visually impairment	8
Hearing impairment	8
Mobility impairment	17
Long term health conditions <sup>11</sup>	38
MULTI-CODE TOTAL	112

### Other socio-demographic (age/gender<sup>12</sup>/ethnicity/occupational status)

Male	48
Female	39
Under 18	7
18-30	15
31-59	54
60-74	9
75+	1
No age data	1
White British	66
Asian / Mixed White Asian	10
Black African / Caribbean	9
White Other	2
Employed (full-time, part-time and self-employed)	26
Unemployed (looking for work)/training	13
Retired	11
Student	7
Permanently sick/disabled	20
Looking after the home/ something else	9
No occupation status data	1

<sup>10</sup> Included a small follow-up group to explore some respondent stories in greater depth.

<sup>11</sup> Includes respondents with HIV, MS and cancer.

<sup>12</sup> Two transgender respondents assigned to current gender status.

## Appendix B: Topic guide

### FOCUS GROUP TOPIC GUIDE – FULL VERSION

#### **About the topic guide:**

This topic guide sketches out the ground to be covered in the focus groups (but not the actual wording of questions to be asked) and indicates rough timings for each section. Topics are laid out in an order that seems sensible *a priori*, but this may vary from group to group. The guide is intended only as a template or aide memoire for the sessions. It is not exhaustive (topics may emerge as important which have not been foreseen) and not every issue will be relevant for every group of respondents.

#### Introduction (wording guideline only) (5)

*“Welcome everyone and thank you for coming. As you know, the Equality and Human Rights Commission – or EHRC - is an independent, public body which has a duty by law to:*

- *Promote and monitor human rights;*
- *Protect, enforce and promote equality by age, disability, gender, race, religion and belief, sexual orientation and gender reassignment.*

*The EHRC is currently in the middle of an Inquiry into harassment or bullying of people (or of their family, friends or associates) because of impairment (or perceived impairment) or long term health condition. [Give examples in general terms of the range of bullying or harassment.] The EHRC wants to know how well public bodies of all kinds and transport providers are dealing with the issue.*

*For the purposes of this research we are mainly interested in harassment from other members of the public rather than institutional harassment or bullying or from staff employed by public bodies or organisations themselves (for example, police officers, bus drivers, teachers in schools or hospital staff). However we are interested in the response of those public bodies, what they can do to help.*

**REMIND RESPONDENTS NOW AND LATER OF THE RANGE OF RELEVANT BODIES. HAVE LISTS TO REFER TO OF SERVICE SOURCES AND ADVICE SOURCES.**

*This focus group is important because it gives the EHRC a chance to ask more questions about people’s experiences than is possible by the other methods being used to collect evidence for the Inquiry.”*

#### **REMIND RESPONDENTS:**

- THERE WILL BE A SCHEDULED BREAK, BUT THAT THEY CAN ASK FOR EXTRA BREAKS IF THEY WANT

- WE ENCOURAGE GENERAL DISCUSSION (IT ISN'T JUST A QUESTION AND ANSWER SESSION)
- WE ARE INTERESTED IN EVERYONE'S VIEWS AND EXPERIENCES, GOOD AND BAD
- THERE ARE NO WRONG OR RIGHT ANSWERS
- THERE MAY NOT BE COMPLETE AGREEMENT BETWEEN THEM ABOUT WHAT CONSTITUTES HARASSMENT, BUT WE ARE INTERESTED IN ANYTHING THAT INDIVIDUALS FEEL AMOUNTS TO HARASSMENT OR BULLYING
- THE SESSION WILL BE RECORDED SO THAT THERE IS A FAITHFUL RECORD OF THE GROUP
- THE RECORDING IS FOR RESEARCH USE ONLY AND WILL BE DESTROYED AFTERWARDS
- WHAT PEOPLE SAY WILL BE TREATED IN CONFIDENCE AND KEPT ANONYMOUS
- IF THEY TELL US ABOUT BULLYING OR HARASSMENT THAT IS STILL HAPPENING TO THEM, WE MAY GET IN TOUCH WITH THEM AFTER THE GROUP – FOR EXAMPLE TO SUGGEST WHAT THEY CAN DO TO GET HELP.

#### Brief personal/impairment details (5)

- First name, age, family status
- Do they have a carer or person who supports or helps them because of an impairment, health condition or disability<sup>13</sup>
- Nature of their impairment, health condition or disability
- How (if at all) their ability to take part in everyday activities<sup>14</sup> is affected by their impairment/health condition/disability

#### Other people's attitudes – in brief (5)

- Can they think of negative or positive attitudes to their impairment/health condition/disability they have experienced from other people?

#### EXPLORE:

- Get examples – positive and negative
- Have things changed for them over the years in terms of other people's attitudes? How?

#### Personal experiences of harassment – in brief (25)

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<sup>13</sup> Some people may use the term disability to describe their situation, but in general please use 'impairment or health condition'.

<sup>14</sup> E.g. personal care, leisure activities, travel and transport, doing a job, making and keeping up with friends.

- What personal experiences do they have of being bullied or harassed, which were or may have been because of their impairment/health condition/disability?

EXPLORE:

- Get examples, involve everyone, write on board if useful
- Ask if anyone completed the pre-task and invite them to share
- What sorts of harassment have they experienced – prompt the following categories if useful:
  - Verbal abuse/ insults
  - Mocking/ jokes
  - Inappropriate comments about disability/ appearance
  - Physical abuse, from mild jostling to physical attack
  - Anti –social behaviour targeted at them, eg, abuse from groups of young people
  - Vandalism/ damage to property
  - Theft or robbery
  - Sexual abuse/ unwanted touching/ sexual comments
  - Bullying, cyber bullying, abuse by mobile phone/ text
  - Other?
- In what sort of settings - prompt the following categories if useful:
  - Public place/ streets
  - Schools/ colleges
  - Shops/ bars/ pubs
  - Public transport
  - Hospitals/ care homes
  - Own home
  - Other?
- Who were the main perpetrators - prompt the following categories if useful:
  - Strangers
  - Workmates
  - Classmates
  - Neighbours/ people in the local community
  - Young people/ children;
  - Family/ relatives
  - Others?
- What do they think motivated people who harassed them? Probe carefully and encourage discussion.

- Do they think they were harassed mainly because of their impairment/health condition/disability or are other underlying reasons (eg ethnicity/gender/sexuality) or is it a mix of things?
- How much harassment do respondents experience on a daily - or other – basis
- What effect has being harassed had on them
  - How has it made them feel?
  - How has it affected what they do?
  - Has it discouraged them from participating in anything/limited them in any way?

### Response to harassment (10)

- Thinking of the times they are (or have been) harassed because of their impairment/health condition/disability, how have they responded?

#### EXPLORE:

- Get examples, involve everyone, write on board if useful
- In general, how have they responded in the past? Prompt the following categories if useful:
  - Asked someone to help them at the time – who?
    - Family member, friend?
    - Member of staff or worker of some kind?
    - Police or community support officer?
    - Advice worker or counsellor?
      - If they told someone, did they discuss any further action?
  - Reported the incident to someone in an official position?
  - Challenged the perpetrator?
  - Try to ignore it/do nothing (why, in detail)? If you did not tell anyone, did you consider telling someone or taking other action? How and why did you come to your decision?
  - Other



## MAIN BREAK IF NEEDED – 5 minutes

### Personal experience of reporting harassment to public bodies (25)

- The EHRC wants to know what public bodies or organisations are doing about harassment of people because of an impairment, health condition or disability. Has anyone ever told someone from a public body or organisation about an incident, for example: the police, local authorities, health authorities and providers, housing authorities, social services, transport providers, schools or colleges or others (refer to list if necessary)?

### EXPLORE:

- Get examples, involve everyone, refer to any examples from the pre-task, write on board if useful.
- Ask about the occasions when people have reported to public bodies, for example:
  - When did they tell or contact someone about the incident?
  - What were the circumstances?
  - Who did they talk to or contact (which public body)?
  - How did they go about it?
  - Why did they report on that occasion (and perhaps not on others)?
  - What were the barriers/difficulties (if any)?
  - What went well (if anything)?
  - What did they expect/want to happen as a result?
  - What (if anything) did happen and were they satisfied, or not (why)?
- For those who have not reported an incident:
  - If they have not reported an incident, why not?
  - Did they consider reporting it?
  - Did they tell anyone at all?
  - What did they think would happen if they did report it?
  - What might encourage them to report such incidents in future?
  - How might they prefer to make contact (refer to list of channels if helpful)

- Would they prefer to report to a third party/ different organisation? (refer to list of advice sources if helpful: eg disability organisation; local councillor or MP; advice worker or counsellor; specialist helpline; legal adviser?)

### Reporting harassment to public bodies – general (15)

- Thinking generally about their own experiences and what they have heard from others (probe for specific examples throughout)?

#### EXPLORE:

- How likely are they to report an incident of harassment to a public body or organisation?
- What sorts of incidents are they more likely to report and which/least (why)?
  - Is there anything they would always/never report (what/why)?
- Which public bodies are they most likely to report to and which least (why) - if useful provide prompts:
  - Police/ courts;
  - Housing;
  - Health sector;
  - Schools/ colleges;
  - Social services;
  - Transport providers;
  - Voluntary sector
  - Others ?
- Ask respondents who have experienced harassment related both to impairment and other reason (e.g. gender/ethnicity/sexuality) how this is dealt with/understood by public bodies and transport operators?

#### *Reporting incidents*

#### MAY GIVE EXAMPLES OF PUBLIC BODY RESPONSES AND POLICIES ON DISABILITY HARASSMENT

- What kinds of things can public bodies do to encourage more reporting of incidents of harassment?
- Which public bodies are best for this (why/what do they do, what information and impressions do they have)? [List range of service bodies again if helpful.]
- Which public bodies are worst (why/what are they basing this impression on)?

#### *Dealing with incidents*

- What kinds of things should public bodies do to deal with incidents that are reported to them? [outline DDA duties if helpful]
- Which ones have you found best/worst for this (why/what are your impressions based on)?

*Preventing incidents*

- What kinds of things can public bodies do to prevent incidents happening in the first place?
- What kind of things have you seen that public bodies are doing to prevent harassment of disabled people?
- Which ones do you think are best/worst for this (why)?

Conclusion (10)

- Overall, how well do public bodies address issues of harassment of people because of an impairment, health condition or disability?

EXPLORE:

- How well do public bodies deal with harassment of people because of an impairment/health condition/disability?
- Do they feel there have been any changes in the last three years in terms of public bodies' awareness of disability-related harassment and their willingness and ability to tackle it?
- What specific examples of good practice could they share with each other in respect of
  - Encouraging reporting
  - Dealing with reported incidents
  - Generally prevention?

## Appendix C: Key recruitment materials

### QUALITATIVE RESEARCH ON DISABILITY-RELATED HARASSMENT

#### Recruitment questionnaire

Area:	
Date of group/interview:	
Time of group/interview:	
Focus group description (if relevant)	
<i>Recruiter name and telephone number:</i>	
Respondent name and address :	
Respondent telephone number:	

THIS RECRUITMENT QUESTIONNAIRE SHOULD BE ADMINSTERED TO POTENTIAL RESPONDENTS WHO HAVE ALREADY INDICATED THAT THEY MAY BE WILLING TO TAKE PART IN THE RESEARCH. EXPLAIN THAT YOU ARE USING THE QUESTIONNAIRE TO MAKE SURE THAT A RANGE OF DIFFERENT TYPES OF PEOPLE ARE INCLUDED.

#### GENERAL ELIGIBILITY CHECK, EXCLUDE IF RESPONDENT HAS:

Has taken part in qualitative research (ie group discussions/depths) in the past year

Main residence is not in the UK

Is employed by or has family working in market research, the media, public relations, government or for any statutory or non-statutory organisation or group working on behalf of disabled people


**SELF-REPORTED HEALTH CONDITION/IMPAIRMENT CHECK:**

1. Do you have any of the following long-standing physical or mental health conditions or impairments that have lasted or are expected to last 12 months or more? Please let me know if any of the following apply to you. READ OUT

Learning disability	<input type="checkbox"/>	
Aspergers, dyslexia, dyspraxia, dyscalculia ADHD or similar	<input type="checkbox"/>	
Mental health condition, such as anxiety or depression	<input type="checkbox"/>	
Blind/partially blind	<input type="checkbox"/>	
Deaf /partially deaf	<input type="checkbox"/>	
Mobility and physical impairment	<input type="checkbox"/>	
Long-term illness/chronic health conditions <b>HIV/Aids, Cancer, MS</b>	<input type="checkbox"/>	
Other long-term illness/chronic health condition	<input type="checkbox"/>	
Anything else	<input type="checkbox"/>	
None	<input type="checkbox"/>	<b>EXCLUDE</b>

**DISABILITY CHECK:**

2. Would you say that any of the health conditions or impairments you have mentioned limits your ability to carry out normal day-to-day activities? (RECRUITER: THIS MEANS WITHOUT MEDICATION AND/OR AIDS OR SUPPORTS)

No	<input type="checkbox"/>	<b>EXCLUDE</b>
Yes	<input type="checkbox"/>	

3. How severely are your activities limited? (WITHOUT MEDICATION AND/OR AIDS OR SUPPORTS)

Very limited	<input type="checkbox"/>	
Quite limited	<input type="checkbox"/>	
Not very limited	<input type="checkbox"/>	<b>EXCLUDE</b>
Not at all limited	<input type="checkbox"/>	<b>EXCLUDE</b>

PROBE FOR DETAILS OF IMPAIRMENT(S)/HEALTH CONDITIONS, NAME OF CONDITION, HOW THE RESPONDENT IS AFFECTED, WHAT ACTIVITIES ARE LIMITED BY THEIR IMPAIRMENT/CONDITION

4. How long have your activities been limited for?

Last 12 months	<input type="checkbox"/>
Less than 5 years	<input type="checkbox"/>
5 years or more (but not since birth)	<input type="checkbox"/>
Since birth	<input type="checkbox"/>

**RECENT EXPERIENCE OF DISABILITY-RELATED HARASSMENT, CHECK:**

5. At any time in the past three years – that is since September 2007 – have you ever been teased, bullied, harassed or taken advantage of in small or more serious ways because of your condition or impairment? Please count any rude, insulting, upsetting, offensive, intimidating, threatening, abusive or violent behaviour, including financial exploitation and internet-bullying.

- RECRUITER: WE ARE INTERESTED IN HARASSMENT FROM ORDINARY PEOPLE AND MEMBERS OF THE PUBLIC RATHER THAN – FOR EXAMPLE – HARASSMENT OR DISCRIMINATION BY EMPLOYERS, SHOPS, BANKS, LEISURE ORGANISATIONS, TRANSPORT PROVIDERS OR GOVERNMENT DEPARTMENTS OR AGENCIES SUCH AS THE DEPARTMENT FOR WORK AND PENSIONS OR JOBCENTRE PLUS.

No	<input type="checkbox"/>	<b>EXCLUDE</b>
Yes	<input type="checkbox"/>	

6. What about in the last 6 months? Has this happened to you at all since April this year?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

7. Which of the following have happened to you? READ OUT. CODE ALL THAT APPLY.

Verbal harassment( <i>e.g. name calling, humiliating remarks, offensive/patronizing language, insults, intrusive questioning</i> )	<input type="checkbox"/>
Physical harassment( <i>e.g. unnecessary touching, pushing/jostling, rough handling, slapping, hitting</i> )	<input type="checkbox"/>
Harassment over the Internet or by computer	<input type="checkbox"/>
Damage to or theft of your personal property	<input type="checkbox"/>
Other (PROBE FOR DETAILS AND WRITE IN)	<input type="checkbox"/>

8. IF NOT MENTIONED ALREADY, ASK: And have you ever been the victim of sexual harassment?

No

Yes

9. IF YES TO Q8, ASK: When was the most recent occasion?

Last six months

Last three years

Longer ago than that

10. In what sort of situations have you found yourself being bullied, or harassed, for example....  
READ OUT, TICK ALL THAT APPLY:

On the street	<input type="checkbox"/>
In your home	<input type="checkbox"/>
At school or college	<input type="checkbox"/>
In shops	<input type="checkbox"/>
When you go out for sport or leisure	<input type="checkbox"/>
On public transport	<input type="checkbox"/>
Other (PROBE FOR DETAILS AND WRITE IN)	<input type="checkbox"/>

11. And can I just check, would you say that you have been harassed because of your impairment or health condition by members of your family, or by carers or support workers?

No

Yes

12. IF YES TO Q11, ASK: When was the most recent occasion?

Last six months

Last three years

Longer ago than that

**INCIDENT REPORTING, CHECK:**

13. In the last three years, have you told anyone about times when you have been harassed?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

14. And have you ever told anyone other than family or friends about times when you have been harassed? For example have you mentioned it to, complained about or reported it to someone official?

IF YES TO Q13, PROBE FULLY AND WRITE IN DETAILS BELOW (MAXIMUM OF THREE):

WHAT WAS THE MOST RECENT INCIDENT?

WHEN DID IT HAPPEN?

WHO DID THEY TELL?

WHAT WAS THE SECOND MOST RECENT INCIDENT?

WHEN DID IT HAPPEN?

WHO DID THEY TELL?

WHAT WAS THE THIRD MOST RECENT INCIDENT?

WHEN DID IT HAPPEN?

WHO DID THEY TELL?

---

**RESPONDENT CHARACTERISTICS**

15. GENDER, CODE WITHOUT ASKING:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>



16. How old are you? WRITE IN: \_\_\_\_\_

17. Which of the following categories best describes what you are doing at the moment? READ OUT...

Employee (full-time)	<input type="checkbox"/>
Employee (part-time)	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Unemployed/looking for work	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Student	<input type="checkbox"/>
Looking after the home	<input type="checkbox"/>
Permanently sick/disabled	<input type="checkbox"/>
Doing something else	<input type="checkbox"/>

18. MRS SOCIAL GRADE (BASED ON CHIEF INCOME EARNER IN THE HOUSEHOLD)

AB	<input type="checkbox"/>
C1	<input type="checkbox"/>
C2	<input type="checkbox"/>
DE	<input type="checkbox"/>

19. Including yourself, how many people live in your household? WRITE IN: \_\_\_\_\_

FOR EACH PERSON, ASK FOR DETAILS OF RELATIONSHIP TO RESPONDENT AND AGE.

Person	Relationship to respondent	Age
1	RESPONDENT	
2		
3		
4		

5		
6		
7		
8		

SHOW CARD OR READ OUT

20. To which of the following ethnic groups do you belong?

<u>White:</u>	British	
	Irish	
	Other white background (describe)	
<u>Mixed:</u>	White and black Caribbean	
	White and black African	
	White and Asian	
	Other mixed background (describe)	
<u>Asian:</u>	Indian	
	Pakistani	
	Bangladeshi	
	Other Asian background (describe)	
<u>Black:</u>	Caribbean	
	African	
	Other black background (describe)	
<u>Chinese:</u>	Chinese	
<u>Other:</u>	Other	
<u>Not disclosed:</u>	Does not wish to disclose	

21. How would you describe your sexuality? Would you say you are.. READ OUT..

Heterosexual/Straight	<input type="checkbox"/>
Homosexual/Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Other	<input type="checkbox"/>

22. Can I just check, would you be happy to take part in this research into how public bodies deal with disability-related harassment?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>EXCLUDE</b>

**THANK RESPONDENT**

**PLEASE WRITE DOWN HER ANY SUPPORT REQUIREMENTS THIS RESPONDENT WILL NEED AND MAKE SURE WE HAVE TAKEN ACCOUNT OF THEM AT THE GROUP VENUE**

## QUALITATIVE RESEARCH ON DISABILITY-RELATED HARASSMENT

### Further information about the research

This sheet has information about the study that we are inviting you to take part in. Before you make a decision we need to explain why the research is being done and what it would involve for you. Please ask if anything is unclear or if you would like more information.

#### **What is the purpose of the research?**

The Equality and Human Rights Commission (EHRC) wants to learn more about times when people are subject to hostile, offensive, intimidating, bullying or threatening behaviour or abuse because of an impairment or health condition.

It also wants to find out what public bodies such as the police, local and health authorities and transport operators are doing about this kind of behaviour.

Information from the research will be used by the EHRC as part of a wider Inquiry into how public bodies are addressing disability-related harassment.

#### **Why have I been invited?**

The EHRC wants to hear from people with different impairments or health conditions who at some time in the past three years have been subject to harassment or bullying as a result of this.

#### **Do I have to take part?**

Taking part in the research is completely voluntary and you are free to withdraw at any time, without giving a reason, *even if you have already agreed to participate*.

# Contacts

## England

Equality and Human Rights Commission Helpline  
FREEPOST RRLG-GHUX-CTR  
Arndale House, The Arndale Centre, Manchester M4 3AQ  
Main number: 0845 604 6610  
Textphone: 0845 604 6620  
Fax: 0845 604 6630

## Scotland

Equality and Human Rights Commission Helpline  
FREEPOST RSAB-YJEJ-EXUJ  
The Optima Building, 58 Robertson Street, Glasgow G2 8DU  
Main number: 0845 604 5510  
Textphone: 0845 604 5520  
Fax: 0845 604 5530

## Wales

Equality and Human Rights Commission Helpline  
FREEPOST RRLR-UEYB-UYZL  
3rd Floor, 3 Callaghan Square, Cardiff CF10 5BT  
Main number: 0845 604 8810  
Textphone: 0845 604 8820  
Fax: 0845 604 8830

Helpline opening times:

Monday to Friday 8am–6pm.

Calls from BT landlines are charged at local rates, but calls from mobiles and other providers may vary.

Calls may be monitored for training and quality purposes.

Interpreting service available through Language Line, when you call our helplines.

If you require this publication in an alternative format and/or language please contact the relevant helpline to discuss your needs. All publications are also available to download and order in a variety of formats from our website.

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

This report explores disabled people's views and experiences of disability-related harassment, focusing on public bodies' responses.

It is based on a series of focus groups and interviews across Britain.

## WHAT IS ALREADY KNOWN ON THIS TOPIC:

- Disabled people experience a large amount of harassment.
- This can be frequent and severe.

## WHAT THIS REPORT ADDS:

- The report examines the reasons why disabled people often do not report incidents to public bodies.
- It identifies the factors associated with helpful responses from public bodies.