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Re-conceptualising Repeat Reports of Hate Crime/Incidents as Hate Relationships Based on Coercive Control and Space for Action

Catherine Donovan (Durham)

Stephen Macdonald (Durham)

John Clayton (Northumbria)

Abstract

Developing from existing research in the field of hate studies, this article outlines a new approach to understanding repeated experiences of hate by perpetrators who live in close proximity as neighbours to those victimised. Building on previous work, a conceptual argument is made drawing parallels between what we call 'hate relationships' and coercive control in domestically abusive relationships. Empirical data from a hate crime advocacy service in the North East of England evidences these parallels through consideration of the home as central to the hate experienced and the cumulative impact of a pattern of hate-motivated behaviours. As with coercive control, our analysis shows that the apparent inaction of help providers exacerbates hate relationships and their impacts. We argue that the current reliance on a criminal justice system, incident-based, approach to understanding and responding to repeat reporting of hate incidents is inadequate. Rather, an approach identifying hate relationships and intervening early in a hate relationship might better pre-empt escalation and provide possibilities for those victimised to remain in their own homes.

Introduction

In our previous work (Donovan et al., 2018) we proposed that, what we call 'hate relationships' might occur when the same perpetrator(s), who live in close proximity to those they victimise, repeatedly perpetrate hate incidents. In this previous analysis of a third party hate crime/incident reporting agency's database, approximately 20% were repeat reports, often of behaviours understood to be the lowest level risk and/or impact, e.g. verbal abuse. We suggested that if there were parallels between coercive control and hate relationships in the experiences both of repeat incidents and in the impacts for those victimised, this might enable help-providers to better understand the experiences of repeat reporters and their help-seeking behaviours. We argued that further research is needed to explore the applicability of the concept of hate relationships. In this article we consider that research and its implications.

The article is organised into four sections. In the following section we provide a brief overview of the legal concept of hate in the UK context and how it is operationalised. Following this there is a discussion of coercive control and parallels are made with hate relationships. We discuss not only the impacts resulting from the behaviours of perpetrators but also those resulting from the (lack of) interventions from help providers. Following a discussion of the methodology the findings are discussed in three parts: the experiences of those victimised by hate relationships; their experiences of help-seeking; and the social and health impacts. In the conclusion, we consider the conceptual and practice implications of hate relationships.

Legislating against Hate

United Kingdom hate crime legislation (Crime and Disorder Act 1998; Criminal Justice Act 2003) currently provides enhanced sentencing for crimes proven to have been motivated by hate with regard to five protected characteristics: race, religion, disability, sexuality and transgender identity. Chakraborti and Garland (2012) argue that hate legislation should be broadened to focus on difference and vulnerability and provide a critique of the ways in which current legislation produces a hierarchical approach to victimisation which is divisive. However, Donovan et al (2018:3) consider the history of state supported legally sanctioned victimisation of the currently protected characteristics and suggest that the legislation can be seen as attempts by the state 'to atone for, as well as address, institutionalised discriminatory behaviours against these groups'. Nevertheless, a criminal justice system approach to hate remains contested (see Chakraborti and Garland, 2015), for example, because of its focus on one protected characteristic at a time to the detriment of understanding an intersectional approach (Macdonald et al 2021) and for its narrow framing that precludes a community based response (Browne and Nash 2011).

UK hate crime legislation is based on what happened to Stephen Lawrence: a young Black man who, whilst waiting at a bus stop was attacked and killed by a gang of white strangers whose only motive was that Stephen was Black (Chakraborti and Garland 2012): a physical attack by a stranger(s) motivated by race-based hate. Yet research suggests that hate is often enacted by perpetrators known to those they victimise (Browne et al. 2011; Chakraborti et al. 2014; Walters et al. 2013). Being known implies a social relationship and what was of interest to Donovan et al (2018) was the level of knowledge – about routines, property, structure of the family, use of home spaces – that neighbours might hold and be able to exploit in relationships of hate. The effects of the combination of the proximity of perpetrators of hate combined and the knowledge about those they victimise makes for a hate relationship rather than just repeated incidents of hate. We now turn to the parallels with coercive control.

Understanding Coercive Control

Different terms are used to discuss the use of violence and abuse in intimate partner relationships (e.g. Johnson, 2008). In this article we refer to coercive control as a particular kind of domestic abuse (DA) between current or ex-intimate partners. Coercive control is a pattern of behaviours that, cumulatively, results in the exertion of power and control over an intimate partner. Stark (2007)'s seminal work on coercive control has argued that, in DA, physical violence is a red herring and that coercive control is, rather, made up of, apparently, low level behaviours that result in the entrapment of (heterosexual) women by their (heterosexual) male partners.

In the Serious Crime Act (2015) coercive control is criminalised – the first time behaviours linked to DA have been criminalised in the English context. There has been wide debate about the usefulness of the concept of coercive control both methodologically (see Donovan and Barnes 2019; Myland and Kelly, 2019) and in

practice as a crime (see Walklate et al 2018). Nevertheless, the defining concepts underpinning the crime of coercive control provide a useful way of understanding and responding to DA: having a focus on the abusive *relationship* rather than any one *incident* of violence and/or abuse; recognition of the cumulative impact of patterns of behaviours on the person victimised; recognition that many of the behaviours that lead to coercive control do not necessarily reach the threshold of a crime in and of themselves.

Stark (2007; Stark and Hester 2019) talks about coercive control as a particular, (heteronormatively) gendered, type of interpersonal violence: 'it is personalised, extends through social space as well as over time and is gendered in that it relies for its impact on women's vulnerability *as women* due to sexual inequality' (Stark, 2007: 5 emphasis in the original). In their work, Donovan and Barnes (2020) explore the use of violent and abusive behaviours in the relationships of lesbians, gay men, bisexual women and men and trans people (LGBT+) and provide evidence that, building on Stark's assertions, heteronormative assumptions and behaviours are evident in how DA is experienced by these groups, including coercive control. Their point is that the impacts of a patriarchal society are not confined to the embodied practices of cisgender heterosexual women and men but that they in fact shape, influence, and construct the relationships of everybody regardless of gender identity and/or sexuality (Donovan and Barnes 2020).

The collection of behaviours associated with coercive control, which includes physical violence, coalesce around three behaviour types that reflect their intention: intimidation, isolation and control. A core impact of coercive control is entrapment (Stark 2007: 5). Abusive partners can employ a range of behaviours arising from existing and normalised structural inequalities coalescing around sexuality and gender that results in the micro-regulation of their intimate partners' everyday lives. Examples Stark gives are in relation to 'stereotypic female roles': their presentation of gender (clothes, hair style), household tasks (cooking, cleaning); and their presumed role in relation to sexual intimacy. Donovan and Barnes (2020) provide examples of abuse that also draw on these examples in relation to identities of sexuality and gender, as well as discourses of homo/bi/transphobia that underpin threats to 'out' an intimate partner (to their faith group, employer).

Stark's argument turns to challenge an incident-based approach to understanding the problem of DA. Historically, this feminist-led approach was intended to ensure that DA is taken seriously and criminalised to establish perpetrator accountability for their abuse. For too long DA was often colluded with and even condoned by the criminal justice system (CJS) as the perceived right of husbands to discipline errant wives (Dobash and Dobash, 1988). An incident based approach to DA, centres on evidence gathering about what took place 'in this moment at this time between these agents'. Such a focus on incidents of DA has inevitably fore-fronted a focus on physical violence (including physical, sexual violence). Putting aside the actual lack of success of this model (see Hester, 2006 for how low the conviction rates are), Stark (2007) and others (see Donovan and Barnes 2020) argue, most behaviours contributing to DA are chronic, non-physical in nature, low level, and often do not meet the threshold of a crime (e.g. Velonis, 2016). Whilst an understandable

mistake, Stark (2007: 10) argues that there has been a '[f]ailure to appreciate the multidimensionality of oppression in personal life'. Instead, he argues, it is crucial to understand the relationship as a whole.

Changing the focus from being only on the *types* of behaviours used to victimise to include the *impacts* of behaviours is also crucial to understanding the seriousness of the harm experienced by those victimised and sheds light on their help-seeking practices. A core impact of coercive control is entrapment Stark (2007): the curtailment of liberty by coercively controlling partners. Associated impacts are also severe: being constantly fearful and/or wary, feeling hopeless, losing confidence and doubting oneself, having lowered self-esteem (see Donovan and Barnes 2020). The literature evidences the impacts for mental health of those victimised by coercive control, including depression, post-traumatic stress disorder, anxiety, inability to sleep and so on (Ibid). However, it is as important to understand the impacts for individuals' everyday social lives. Having movement controlled inside and outside the home, being under surveillance day and night, having to account for behaviours and movement, being systematically undermined and positioned as being to blame for their own victimisation, all produce experiences of a restricted, monitored life, defensively lived. Coercively controlling relationships can persist over long periods of time and the longevity of experiences can be evidenced in the depth of impacts for those victimised (e.g. Williamson 2010).

Coercive Control and the Parallels with Hate Relationships

The parallels between coercive control in DA relationships and what we call hate relationships are numerous: repeated incidents of hate, many of which do not meet the threshold of a crime. A perpetrator living in close proximity is able to gather knowledge about the domestic and neighbourhood routines of those they victimise. The victimisation is motivated by and draws on cultural and ideological tropes that support social structural inequalities based on the protected characteristics. Acts of hate can, like coercive control in DA, be understood to be intended to put people/the groups they do, or are perceived to, belong to, 'in their place'; to (re-)position them into a disadvantaged, hierarchically inferior, role; and/or to punish them for apparent non-conformity to perpetrators' understanding of what their 'normal' 'abject' (Tyler, 2013) social role should be. Simultaneously, in enacting hate incidents, perpetrators are able to (re-)position themselves as hierarchically superior and reinforce their own sense of entitlement and/or belonging to their place (locally, nationally, racially) and/or embodied/social selves (as able-bodied, (British) white, with capacity, heterosexual, as cisgendered). They can simultaneously also reinforce a sense of their own agency in putting the perceived wrongs of the individual/group targeted 'right' and/or of sending a (symbolic) message (Perry 2001) that non-conformity will not be tolerated. This can happen even if, and perhaps sometimes because, they themselves might occupy marginalised positions (Clayton, et al., 2017).

Perpetrators' sense of belonging/entitlement is not only derived from their own personal history of residence and/or development of social relationships within their locality but draws on tropes about nationhood, heteronormative sexuality and/or cisgender identity, physical and intellectual eugenics, that circulate in society. We

have argued elsewhere that hate can be seen to be the result of stigmatisation where society constructs distinctions between the stigmatised and the 'normals' (Donovan et al., 2018). The roots of stigmatisation are often believed to be in the body/mind of those who are stigmatised (Ibid) yet this is not what Goffman intended. We too argue that 'the problem' is not those stigmatised historically and routinely in, through and by societies' economic, political, social and cultural institutions, but those very institutions and the tropes they produce and/or reinforce. Thus, we argue that perpetrators of hate, in parallel with coercively controlling partners in DA relationships, have been enabled by the society in which they live to believe they are entitled to enact their hate and, indeed, are often mirroring at an individual level what they perceive as widely condoned at a societal level (Clayton et al., 2018; Clayton et al. under review; Macdonald et al. 2021).

The hate relationship can be understood in two parts; the identification of an apparently legitimate 'other' against whom hate can be shown; and the relationship between the perpetrators and those victimised. Hate directed towards known others is distinctly different to one-off hate incidents by strangers. We do not suggest that the knowledge perpetrators have of those they victimise is comparable with that of perpetrators of DA. However, there are relationships of affect (Ahmed, 2004) involved that can be seen in the reluctance of those victimised to leave their homes and/or to press charges against the perpetrators. We return to this later. In hate relationships, depending on the proximity of their homes, known perpetrators can garner knowledge about the habits and whereabouts of those they victimise, including anybody they share a house with. This might include household routines for work/school runs, shopping, which rooms are used for which activities at which times of the days/nights, what kinds of activities take place in the front or back of the home in both internal and external spaces, what the parking habits are of those with cars. In addition, perpetrators can also see the impacts of their hate behaviour, 'what works' for maximum impact, what works with minimal potential for evidence gathering and what responses from those they've victimised they can use against them in a counter complaint if needed. Such knowledge about their target can be read as akin to the knowledge an intimate partner might have about their partner's everyday life.

There are other important distinctions to be made between hate relationships and coercive control in DA relationships. In the latter, relationships (other than those resulting from forced marriage) have usually, originally been consensually entered into as a result of benign and /or positive emotions of love and/or desire. These emotions and the resulting creation of relationships with children, partners' families and friendship networks means that there are a range of complicating factors that act as barriers to recognising DA and/or coercive control as well as seeking help. In hate relationships the motive for the relationship is originally hate based on perceived or actual membership of groups inhabiting or exhibiting the legally protected characteristics. This can be more easily recognised and named because perpetrators refer to the characteristics in their behaviours, including in verbal abuse, and justifications for their behaviours.

The similarities of experience between coercive control and hate relationships are what we focus on in this article. What follows is the methodology for the study.

Methodology

Our research aim was to explore the usefulness of the concept of 'hate relationships' in practice. The authors have an existing relationship with an advocacy organisation based in the North East. One service offered by this organisation is a hate crime advocacy service (HCAS) which is funded by the local Police and Crime Commissioner. The advocacy practice approach in the HCAS mirrors that of advocacy more generally, to enable clients to make their voices heard, to secure their rights and to signpost them towards appropriate sources of support (Connected Voice Advocacy 2021). The HCAS accepts both self and agency referrals and works with those reporting hate on the bases of all of the legally protected characteristics. In keeping with the ethos of advocacy, service users are referred to as clients and this is the term we adopt in our analysis.

Case notes accrued from the start of the hate crime advocacy service on June 1st 2016 to the end of March 2019 were collected and redacted. Ethical approval was secured from Durham University's Department of Sociology Ethics Committee on the understanding that the hate crime advocacy service adhered to its own governance procedures for using redacted data for purposes of analysis, monitoring and profile raising. In total, 148 of 149 of referred clients were accepted during that period which involved 181 of 182 cases referred and it was the case notes of these that were analysed. Of these cases, 82 were 'resolved' with advocacy. Available demographic data points to an evenly balanced sample in terms of gender; and a sample mostly aged between 26 to 50 years (72.1%). In terms of ethnicity, the largest group identified was White British (25.3%) with 18.5% reported as Black/Black British, 15.8% as Other Ethnic Group and 14.4% as 'Unknown'.

Case notes were initially analysed for three criteria agreed by the research team to indicate the possibility of a hate relationship: repeat reporting of hate incidents, perpetrators' residential proximity to the clients; and impacts reported that are similar to coercive control, including those for service users' mental health and wellbeing and feelings of being trapped. At the first level of analysis, these three criteria were applied and any case with ambivalent information about a hate relationship was included. Initially, 83 potentially relevant cases (45.9% of overall accepted cases) were included. However, a second analysis of these cases resulted in 50 cases (27.5% of overall accepted cases) being identified as hate relationships. In this second analysis cases were removed when there was either not enough information or not sufficiently conclusive information to be confident about the three criteria being evidenced. The level of detail recorded in case notes is variable both between advocates and between cases. In some there are quite detailed records of key moments: particular incidents, meetings with help providers, and interventions. The main notes are based on advocates' reports of their clients' accounts, sometimes including direct quotes from the clients. A thematic analysis based on the criteria for hate relationships was then undertaken utilising NVivo qualitative data analysis software to better understand the types of behaviours experienced, clients' help-

seeking prior to being referred to HCAS, and the impacts for them of the hate incidents they were repeatedly experiencing.

Where data is clear, most cases are reports of hate based on race or race and religion (68%=34) while 8 (16%) cases are based on sexuality and 9 (18%) on disability. Again, gender was evenly balanced in these cases; the largest group are recorded as non 'white British' (62%, n=31); and 40% of the cases are located areas of deprivation in the city that HCAS is based in.

In what follows we focus on three themes that illustrate hate relationships as a particular form of hate that result in individuals and/or their households being coercively controlled by others. The first theme combines the first two criteria, exploring the kinds of behaviours experienced by those being victimised and the importance of proximity in enabling the behaviours to be enacted. The second theme outlines the experiences of seeking help. This theme emerged as an important factor because, mirroring the experiences of victim/survivors of DA, the impact of help providers' inaction can be experienced as colluding with and/or condoning hate behaviours. The final theme explores the third criteria: the impacts of hate relationships on those victimised.

The Experiences of Hate Relationships

Case notes show that repeated incidents of hate include both verbal, emotional and physical abuse, acts of surveillance, threats of physical violence, actual physical violence and material violence. All of these are enacted in and around clients' homes: through the walls (banging, loud music); in shared spaces (blocking access to bins or sheds) in front or back yards/gardens (letting dogs defecate, dumping litter; front or back walls/windows (throwing missiles such as water, eggs, potatoes, stones); on approaching/entering and/or leaving homes (being watched, shouted or, pointed at, threatened, insulted); on the boundary of people's homes (blocking parking places, damaging cars); in the vicinity of homes (being physically attacked).

What exacerbates the impacts of these behaviours is that they are intermittent, unpredictable and can take place any time during the day or night. The hate incidents are aimed not only at clients but to their household including children. The effect, as Stark (2007) argues in relation to coercive control, is intimidation, isolation and control of those victimised. The repeated, on-going incidents are a constant reminder to clients that the perpetrators are a threatening presence in their lives. For example:

[since client had council do some work on the house] the next door neighbour has been shouting, using insulting words, banging on the door or the wall, putting his bin in their front garden and blocking the shared access path to the back garden so they can't get their bin in or out. He often bangs for about 5 seconds which is not long enough to record or report to the council. This can be at 7am or 3am disturbing their sleep. (Case 49: Race and Religion)

In these accounts case notes convey the sense that clients and their families are besieged by perpetrator(s) who are encamped on the borders of their homes firing a range of salvos. Noise, verbal abuse, blocking paths and shared access at any time.

Periods of quiet, rather than being bringing a sense of calm are experienced as increasingly tense, as clients become vigilant about what might come next. In their work on DA in heterosexual relationships, Kelly (2003, Sharp-Jeffs et al., 2018) and Wilcox (2006) speak about the ways in which perpetrators reduce heterosexual women's ability to make autonomous decisions about everyday practices (Morgan, 1998) of living; and reduce their space for action. In the accounts of clients reporting repeat incidents of hate, the space for action of them and their families is similarly restricted. Patterns of sleep, putting the bins out, parking the car, peace of mind from being 'at home' are controlled. The deliberate nature of the hate incidents also conveys to clients that they are being targeted and that the behaviours are purposeful. For example:

[Male] Client says they have been having problems every day, going to school or shopping, with neighbours swearing at them and being racially abusive. ... when client got home she [the perpetrator] was standing by the house with some of his neighbours and started again for about half an hour swearing and calling him names ... saying that this was 'my country' and 'my police' and that they wouldn't help him. (Case 43: Race and Religion)

This account exemplifies how the proximity of the hate perpetrator enables them to become knowledgeable about those they victimise so that they are aware of and can attack them during their journeys between home and schools or the shops as well as the areas around their front door as they arrive home. Clients still use space for action insofar as they have not (yet) stopped leaving their home, but the experience makes these everyday journeys into quests which clients and their families dread making and have to prepare for emotionally and physically. Some clients talk about their children becoming fearful of going to school because of what the journey there might result in.

For clients with disabled family members, a hate relationship might start only when the perpetrator(s) realise this. In the following excerpt it was on learning that the client's daughter had a learning disability, that the hate relationship began with the neighbour:

Since then, there has been constant harassment. This includes: Loud music until 3-5am; banging on the ceiling, banging on the door and then running away, pushing the back yard fence down, leaving dog poo all over the shared yard, throwing water into the yard, vandalizing a car that was parked outside (which client thinks that the neighbour thought was hers); frequently shouting 'spaccy' and mimicking the noises her daughter makes. Incidents happen 1-4 times a week. (Case 41: Disability)

The space for action of this family becomes restricted on all sides. The outside spaces of their home, including shared space become dangerous territories that require determination to traverse rather than being taken for granted 'home ground' where family practices are ordinarily engaged in. Such is the effect of this behaviour that it controls clients' movements, regulating it such that conscious decisions about safety and risk have to be made first including defence, prevention and protection. The inside spaces are also threatened by unpredictable bursts of loud music that can

conveys the message that even inside their home they are under threat and their sleeping can be disrupted and controlled. There are parallels here with what Pain (2014) calls the everyday terrorism of domestic abuse.

The fact that clients seek help suggests they believe that help is possible, that their situation should be improved, that they must eventually achieve some resolution to their experiences. All of the clients who self-refer, or are referred, to the HCAS have exhibited great agency. Yet, time after time, in parallel with the experiences of victim/survivors of DA, help is far from forthcoming which is what we turn to next.

Responses From the Help Providers

Clients' case notes provide accounts of help-seeking that suggest very often they are not taken seriously by the organisations they turn to for help: the police, local authorities, housing. Accounts highlight three core responses. First is a failure to believe and/or understand the seriousness of what is being reported (e.g. the behaviours of perpetrators are reframed as less serious and/or benign, clients are asked what they expect help providers to do; the complainant is accused of being a perpetrator or an unreliable witness). Second is a lack of information sharing and/or partnership working between organisations prior to the HCAS getting involved. Third is an incompetence and/or indifference in relation to evidence gathering (e.g. often a (long) waiting time for responses, lost records of reporting, clients being expected to pay for cameras and/or recording devices). The apparent reluctance of help-providers to give help exacerbates the hate relationship: clients feel isolated, not listened to and, too often, believe that they are seen as the problem. All of these outcomes can have detrimental impacts for them, exacerbating the impacts from the repeated hate incidents.

The parallels with how the police respond to DA are clear. Historically, the police have been criticised, mainly by feminist scholars and activists, about their perception of DA as 'a domestic', an unimportant problem irrelevant to police work (see Myhill and Johnson, 2016). Whilst there is some evidence that these attitudes have been transformed institutionally, too many individual officers still believe them and take little or no action in responding to incidents (Ibid). In the accounts by clients reporting hate relationships there are similar experiences and impacts, not only from the police but other help providers. For example:

There is CCTV outside the flat but this has been out of action since February. The community wardens have been involved but she feels that they are just brushing them off. The feeling she gets from the community warden is that they (she and her partner) are themselves trouble. ... They have had to install CCTV themselves ... she feels everyone wants them to just move to solve the problem. (Case 36: Disability and Sexual Orientation)

As we discuss elsewhere (Clayton et al., 2021), the home, its immediate surroundings and the immediate neighbourhood are central to hate relationships: they can all be mobilised in acts of hate and, rather than being a refuge from hate feel unsafe and under siege. Relocating then, becomes the only 'resolution' offered or sought in situations of hate relationships in this study. It is always the clients who

move and there is very little evidence of perpetrators being held accountable for their actions. On the contrary, often what is reported is how help providers are perceived to take the side of the perpetrator. This exacerbates the feeling of isolation and of being alone in trying to stop the behavior of perpetrators and protect themselves and their families. For example:

He called the police on Sunday 27th and on Monday 28th. On the 28th a police officer interviewed him but didn't go to the perpetrator's home ... (Client felt that the police officer was more intent on 'calming him down' than actually confronting the neighbour). ... they've taken no criminal action against him despite the police officer writing down on a slip of paper 'Racially aggravated criminal damage to vehicle, PO1' ... [perpetrator has taken to driving past slowly and staring at client] He has reported this to the police but they have simply told him that the neighbour is wasting his own time. (Case 38: Race)

As well as clients' observations of help providers seeming to take the part of perpetrators in response to clients' requests for help, there is also the effects of the mundanity of bureaucratic (non) responses. Clients' accounts are peppered with help providers losing reports of hate incidents, long waiting times for repairs or appointments, and poor partnership working between help providers. Some of this is undoubtedly the results of austerity (e.g. Clayton et al. 2015) which have led to fewer resources in staff and materials to be able to promptly respond. For example, Case 42 (Race and Religion) waited two months for the housing company to provide a date to mend a gate broken by a perpetrator. In another case a police officer had written to the advocate to explain:

My apologies for the delay in addressing this matter. A combination of annual leave, night shifts, low staffing levels and 24/7 operational demands has meant that it has been impossible to allocate me the protected time to follow up on this case ... My intention is to interview the suspect as a voluntary attender when I have the confirmed, allocated time to do so. I do not yet have this. (Case 38: Race)

Responses from help providers that minimise the hate behaviours, reframe the problem as being the clients', and/or deny that there is anything happening of concern, result in several outcomes. First the client comes to believe that nobody believes them or the impacts of the perpetrators' behaviour for them and their family. This increases their sense of isolation and helplessness. Second perpetrators gain in confidence that they can continue with impunity to target the clients. This can lead to escalation in the kinds of behaviours they enact including to physical assault. Third, the accretion of the hate relationship *and* the disregard clients feel from help providers about their situation compounds the impacts for clients. We argue that one factor explaining why clients' complaints are not taken seriously is the result of an incident-based approach. Many of the separate incidents appear minor, are difficult to evidence and/or do not reach the threshold of a crime. Another factor is, we would argue, not understanding the cumulative impacts on their mental health and wellbeing of living in a hate relationship. We turn to impacts now.

The impacts of Repeated Incidents of Hate by Known Perpetrators

The impacts for clients are woven through the case notes and in the excerpts already provided. However, it is important to more explicitly focus on them because of the similarities with those experiencing coercive control in DA relationships. There are two main types of impact: on clients' social activities and everyday living (a growing fear of going out/returning home; regulating children's activities in and around the home; diminished activities inside homes and in yards/gardens); and on mental and physical health (depression, anxiety, lack of sleep; deterioration in mental and physical health and well-being; feelings of despair and entrapment).

Several accounts include references to feeling trapped and often at the stage when clients have tried to seek help but where help providers have let them down. In other accounts entrapment is not referred to explicitly but it is implicit. For example, in the following, entrapment and a closing down of space for action for the client and his daughters is described:

[S]he has to 'hide herself'. Her children can only play in the house or the back garden, because of the neighbours shouting abuse when she takes them out of school or to go shopping. She and her husband feel they are 'killing their childhood'. (Case 49: Race and Religion)

This client's and her family's entrapment are clear in this description of living in constant fear, of curtailing her and her family's activities outside the home; and the ongoing protective and preventive actions they have to take.

In the following excerpt there are signs of what, in the domestic violence literature is well documented amongst children living in homes where DA dominates their experience (see Holt et al., 2008 for an overview). They can become fearful and extremely anxious both in response to actual incidents, as triggers of previous traumatic experiences, and in their worry about when the next incident might occur. This presents another set of needs for their parents to attend to on top of their usual parenting responsibilities at a time when they themselves are feeling depleted in their resources:

Her children are frightened and panicked by the noise of eggs smashing the windows at night [because of previous trauma from experiences of their country of origin which has been war torn] ... the client is very scared that the people responsible (live behind her and have friends opposite) might start up with something else. She thinks they are waiting and plotting something and feels very unsafe. She feels tired and exhausted by it all. (Case 42: Race and Religion)

The analysis in this article is of case notes of clients who *have* sought help, often doggedly, in the face of institutional indifference. It is their resourcefulness that, ultimately, leads to any positive outcomes they achieve. However, the lack of prompt and appropriate help from help providers is costly for clients. For example, in this excerpt taken verbatim from a letter to the housing company, following an incident in which the client's neighbour and another man climbed a ladder and looked at her through her upstairs window when she had just come out of the bath, the client articulates her lack of safety in her own home:

I am feeling very vulnerable at this moment of time and embarrassed I am trapped in my own home and the Council and the police are doing nothing I really need help as it is making my health worse and no one should have the right to invade my privacy ... I feel I can no longer walk around comfortably in my own home. (Case 48: Race and Religion)

This client's sense of being trapped and of being deserted by both the Council and the police mirrors how victim/survivors of DA have explained their sense of being abandoned and betrayed by institutions they have believed would help them. In their review of the literature, Robinson and Stroshine (2005) argue that it is very often the demeanour of the police that can make the difference in whether women victimised by DA are satisfied with their response, regardless of what the police actually *do*. Being treated with respect and being sympathetically listened to is important. Many of the accounts of clients in this study do not feel that this has happened prior to being referred to the HCAS. Feeling, as the client in Case 48 describes, that the Council and the police are 'doing nothing' can exacerbate the impacts of entrapment and despair, with concomitant impacts for clients' mental health and wellbeing more generally.

Many of the individual incidents taken in isolation do not reach the threshold of a crime – being stared or shouted at on leaving or approaching home, finding excrement in the yard/garden, having bins being blocked in and/or out, small bouts of loud music and/or banging. However, the repeated nature of these incidents, notwithstanding the pattern of escalation that is also evident in several accounts, can be enough to result in clients exhibiting the same range of impacts as a victim/survivor of DA. Losing the space for action, believing that they are under surveillance, living with the unpredictability and increasing fear of what might come next and feeling isolated and alone because help providers seem unable and/or unwilling to help, can all lead clients to feeling intimidated, isolated and controlled (Stark 2007). For example:

I am now hearing 'fucking [East European] cunt' almost every day. This gives me a low mood and makes me feel negative about every aspect of my life. It is really difficult to have a positive attitude about anything. Again, this impacts on my relationship with my daughter and my behavior at work. Seeing my home and my environment vandalised with repairs or action quite slow makes me feel like I don't really count as a human being. (Case 25: Race)

Conclusion

The concept of a hate relationship, offered in this article, proposes an innovative way of understanding repeat reporting of hate incidents where perpetrators live in close proximity to those they victimise. In this study, nearly 30% of the cases seen by hate crime advocates were identified as hate relationships. The actual proportion might be higher if the criteria of hate relationship we identified were to be adopted. Drawing on parallels with coercive control in DA, we evidence four main similarities that reflect those criteria. First the hate incidents are focused not only on an individual and their family/cohabitants but on spaces in and around their homes. The behaviours also rely on a certain amount of knowledge, accrued from proximal living, about the

everyday lives and domestic practices of those victimised and tailored for maximum effect. Second, many, but not all, of these behaviours are low level and beneath the threshold of crimes, however, cumulatively result in profound impacts for those victimised. Third, impacts are to space for action which becomes increasingly restricted with diminished social interaction and increased social isolation. Impacts are also to physical and mental health and wellbeing and an increasing sense of being besieged and entrapped in their own homes. Finally, impacts especially those related to isolation and entrapment are exacerbated by the apparent inaction of help providers.

Stark (2007) argues that there is a specificity about coercive control. The abusive behaviours of heterosexual men towards women reflect and are colluded with by wider patriarchal norms that position women and men unequally and have heteronormatively gendered and unequal expectations about their social roles. In their work Donovan and Barnes expand this argument to evidence how coercive control also takes place in the DA relationships of LGB and/or T+ people. In a similar way, we argue that, in hate relationships, the coercive control exerted is underpinned by the social structural inequalities that provide the rationale for hate crime legislation and the protected characteristics. Perpetrators of hate relationships, whilst not the focus of this article, can be understood to act with some sense of entitlement. Their relentless and escalating pursuit of the clients suggests that they feel both a sense of freedom to act with hate and a self-righteousness about their actions. Their behaviour is not the result of individualistic dysfunctional or criminogenic personalities but reflect and reinforce the broader social, political, ideological and cultural tropes that have variously constructed identities of race, religion, transgender identity, sexuality and disability as other (Donovan et al., 2018).

As with DA, repeat reporters of hate crime can be problematised by help providers who themselves feel inadequate to the challenge of responding appropriately to the perpetrators. There are a range of bureaucratic, austerity, and incompetency related reasons that explain why many help providers do not seem able to respond promptly or satisfactorily. However, we argue that applying the hate relationship criteria and approaching repeat reporting as a sign of a relationship rather than individual and separate, low-level incidents might encourage a more helpful response to those victimised in this way. The accounts of clients in this study provide ways of understanding why clients repeat report if what they say were listened to differently: they are confident that what is happening is wrong, that they and their family are at risk and that they cannot deal with the risk themselves.

Learning from the DA sector, resolution of hate relationships would have more chance to succeed if there was early intervention; if help providers were able to identify hate relationships, work in partnership and both provide support to the victimised and challenge the perpetrators in a consistent way. An important way of improving institutional responses is to take repeat reporting seriously, understand the connections between separate incidents, and, most importantly, understand the cumulative impacts of hate relationships on the mental health and wellbeing of those reporting and their family members, including children. Evaluating the importance of advocacy in supporting clients to have their voices heard has not been a focus in this

article but clients clearly value their input. Often advocates have been the first professional to listen and 'understand' their clients' situation and to stay consistently 'with' them throughout their dealings with other help providers. The reassurance this can give clients that they are not alone is invaluable.

Our aim in this study was to explore the utility of a comparison between DA and hate relationships in making better sense of the impacts of repeated hate incidents perpetrated by near neighbours on clients to a hate crime advocacy service. Hate relationships describe not only repeat hate incidents but the contexts of proximity in which they take place, the consequences of apparently indifferent help providers and the social and health impacts. The impacts of being structurally positioned as unequal, inferior, subordinate to the perpetrators are akin to those experienced by women experiencing coercive control (Stark, 2007). Identifying clients' identities in verbal abuse that apportion cause and blame to the client for the hate they receive has impacts that can severely undermine their self-esteem, sense of self and their humanity. Living in constant fear about what might happen and how long the hate relationship will have to be endured results in deterioration in mental and physical health and wellbeing, isolation, feelings of entrapment and despair (Macdonald et al., 2021). Hate relationships provide a way of conceptualizing and responding to particular conditions of hate that require a very different response to the traditional incident-based approach of help providers; and presents different opportunities to better enable help providers to keep those victimised and their families safe.

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