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What kind of abuse is him spitting in my food?': Reflections on the similarities between disability hate crime, so-called 'mate' crime and domestic violence against women with intellectual disabilities

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Abstract

Domestic violence against women with learning disabilities is a wholly under-researched topic. A recent study indicated that there are strong parallels between domestic violence, disability hate crime and 'mate' crime. This paper explores these similarities and argues that rather than treating them as discrete phenomena, we need to make the connections and re-affirm the commitment that feminist scholars and activists made long ago, namely to take violence committed in private as seriously as that committed in public.

Keywords: intellectual disability; domestic violence, mate crime, hate crime

Women with intellectual disabilities have historically been almost entirely overlooked in the vast amount of research which has been conducted on domestic violence since the 1970s . Where disabled women's experiences have been recognised and documented, this has tended to include only those with physical and sensory impairments (Thiara et al 2012). It was this exclusion of the experiences of women with intellectual disabilities which motivated my recent research. My colleagues and I conducted in depth interviews with 15 women in London and the South East of England. We used a broad definition of intellectual disability to encompass women who self-identified as having one, who had been given that label by professionals, had ever been in receipt of a specialist service and/or who had attended a special school. Ours was a purposive sample of women with mild and moderate intellectual disabilities who had had recent experience of domestic

violence. All the women had left the violent relationships, as we were not granted ethical approval to include those still with violent partners. Female research workers were recruited who had experience both of supporting people with intellectual disabilities and of domestic violence. The interviews with the women were lengthy, enabling them to talk in detail about the domestic violence they had experienced. Details of the findings can be found elsewhere (McCarthy, Hunt and Milne-Skillman 2017).

A small number of other studies have also documented the domestic violence experiences of women with intellectual disabilities, both in the UK and internationally. Walter Brice et al (2012) found that the five women in their study had experienced multiple forms of abuse from their partners, much of it severe, including the use of weapons; that the abuse, harassment and threats continued after the end of the relationship and that responses from Police and Social Services were minimal and the women were left unprotected (although children were removed from their mothers). Pestka and Wendt (2014) also conducted a small qualitative study interviewing 5 women with intellectual disabilities. They found that the women had all experienced rejection in their childhoods and sought a sense of belonging in adult intimate relationships, even if they were abusive. Most recently, Douglas and Hurlpur (2016) interviewing 6 women with intellectual disabilities, found that financial abuse and physical violence were common “often to a level requiring hospitalisation” (p.310).

During our research, I was struck by many similarities in the experiences of women with intellectual disabilities who were on the receiving end of violence and abuse from intimate partners and the experiences of the many people with intellectual disabilities who have experienced either hate crime, or ‘mate’ crime (Gravell 2012, Landman 2014.) Whilst there is no statutory definition of mate crime in UK law, the term is commonly understood to refer to the befriending of people, who are perceived by perpetrators to be vulnerable, for the purposes of taking advantage of, exploiting and/or abusing them. Despite the similarities between mate crime and domestic violence involving

women with intellectual disabilities, the responses to the women by the professionals who support them and by society at large, can be quite different and this article is an attempt to explore how and why this happens. Take the following example:

A woman with intellectual disabilities is living in her own home and a man moves in next door and starts to harass and abuse her, verbally, physically, sexually. An acceptable professional and societal response to that woman is not to say 'it's your choice to stay in this situation or move out if you don't like it.' That would not be reasonable. We would expect the State, in the form of the Police, perhaps social care providers and social housing providers to take action on behalf of the woman and do all they can to stop the man's behaviour, including if necessary, permanently removing him from his home, using the Anti-Social Behaviour Crime and Policing Act 2014 .

But consider if that man did not move in next door to the woman, but rather moved in with her in her home, and carried out exactly the same kinds of abuse - it is now seen and treated differently. The woman is expected to sort it out. She can attempt to use the criminal justice system certainly, with all the inherent difficulties associated with that (HMIC 2014), but in many cases she is left with the stark choice of staying and putting up with it, or escaping by leaving her own home. What is the difference between these two scenarios? They involve the same people, the same abuse, just in different buildings. Arguably, the difference is about autonomy. It is a human right to be free to make your own choices, as enshrined in the UN Convention on the Rights of Persons with Disabilities. In England and Wales, the Mental Capacity Act 2005 states clearly that it should always be assumed an individual has the capacity to make a decision themselves, unless it is proved otherwise through a capacity assessment. Therefore notions of autonomy are crucial: as an adult, you are considered able to enter into a relationship of your own free will, you are able to make the choice to invite your partner to come and live with you. You do not, on the other hand, exert any autonomy over who moves in next door to you. So, it is clear there is a difference here. But, in reality, there are some problems with this kind of analysis. We found that other people and/or

circumstances can and do conspire to make it very difficult or impossible for some women with intellectual disabilities to exert their autonomy.

The pattern we discovered in our research was that the (usually non-disabled) man would initiate a relationship with the woman with intellectual disabilities, be pleasant at first, move into her flat at a very early stage in the relationship, then immediately start deploying a range of controlling behaviours, including violence, designed to meet his own needs at the expense of the woman's. The women, reflecting back on their situations, were able to explain how all this could happen so quickly. Firstly, they were railroaded into cementing the relationship very quickly, for instance because of an unplanned pregnancy:

“ I was going to leave him, then I found out I was pregnant. I thought ‘I can’t now’. I thought I was too young [aged 15].”

It could also happen through manipulation, with the man declaring himself homeless.

The second reason why the women found themselves co-habiting very quickly was that they felt they were not well equipped to make good decisions about relationships. This was because, as they themselves described, they were ‘easily led’ and had had troubled background/personal histories:

“If you don’t see loving relationships when you’re growing up, you’ll get messed up, like I did.”

There was a kind of naivety or lack of awareness of social norms about what is appropriate or acceptable: *“ I couldn’t say no as he had booked the registry office.”* This difficulty with, or lack of experience and capacity for, making sound judgements about character and situations has been noted in the mate crime literature (Landman 2014) and the literature on sexual grooming and trafficking of girls with intellectual disabilities (Reid 2016).

Once the men had moved into the women's homes (and in our research it was usually this way round), they started very quickly to use domination and control. This meant the women's homes were no longer their own:

“ I always kept my place really clean and tidy, but once he come in, he brought all his stuff to my place and I had to live in the front room, sleeping on the settee, cos he’d junked up my bedroom with bags of his rubbish and it smelled”.

The parallels with mate crime here are very strong. The phenomenon of ‘cuckooing’ is well understood in mate crime literature as being when a perpetrator takes over the home of a vulnerable person and treats it as their own (Gravell 2012:17). The victims of mate crime often do not perceive what is happening to them as abuse, because of their strong desire for friendship and acceptance.

The control that was exerted over the women also fits the classic profile of coercive control as a form of domestic violence (Stark 2009), with the men systematically isolating the women and controlling every aspect of their lives from the mundane (whether they could watch a TV programme) to the very serious (whether they could keep contact with children who had been taken into care).

Targetting people because of certain characteristics which render them vulnerable (through age, gender, disability status, etc) is a key definitional feature of hate crime. Gerstenfeld (2013:11) states “ The simplest definition of a hate crime is this :a criminal act which is motivated at least in part by the group definition of the victim”. Yet certain crimes, notably violence against women and the sexual grooming of young girls by older men, seem not to attract the hate crime label, despite fitting this definition. This may be because of an on-going relationship between victim and perpetrator which does not fit pre-conceived notions of hate crimes being committed by strangers. For example, research in the US found that many police officers did not define a crime as hate crime if there was any kind of pre-existing relationship between the parties (Bell 2002, cited in Sherry 2014)

Other parallels with disability hate crime include the levels of what I refer to as sadistic abuse, meaning that it involved levels of humiliation, cruelty, and violence way beyond what might have been deemed necessary to control the women. Acts which seemed to serve no purpose other than

humiliation were also confusing for the women who were on the receiving end of them. One woman in our study asked us “What kind of abuse is him spitting in my food?”. Hate crime was also evident in the sheer persistence and determination of the perpetrators to simply never give up on the abuse, even after the women had left the relationship, left her home, left the area. One perpetrator in our study asked for a last visit from his ex- partner as he was dying in a hospice. He was *literally on his death bed* when he tried to assault her one last time.

Just as the victims of disability hate crime will be abused simply for being disabled, so the women with intellectual disabilities in violent relationships found their disability emphasised and ridiculed by their partners: *He’d say ‘you’re useless, you can’t do nothing’.*”

The perpetrators in these violent relationships shared another feature with those who commit acts of disability hate crime, namely a bravado, an openness about what they do, seeming to feel they are untouchable and immune from repercussions for their actions (Gravell 2012). In our study, many people knew the women with intellectual disabilities were experiencing domestic violence – police, doctors, nurses, health visitors, social workers, support workers, as well as the women’s family and friends. Yet arrests were uncommon, charges, prosecutions and convictions even more so. It is no wonder that the perpetrators felt immune from repercussions – effectively they were. A frequently quoted statistic suggests that, on average, two women per week are murdered in the UK by their current or former husbands/partners (Women’s Aid 2016). We do not know how many, if any, of these women have intellectual disabilities, but it is not fanciful to speculate that there will be some amongst them.

Conclusion

Feminists have campaigned for decades to have violence against women committed in the private sphere taken as seriously as that committed in the public realm. Many times during my research when the women have talked about what has been done to them, I have found myself thinking ‘these men seem to really hate the women’. Therefore, to conclude, I am arguing that rather than

attaching labels (and legislation) of 'hate crime' to certain kinds of acts if they happen in the street, but 'domestic violence' if they happen at home, we need to heighten our awareness of all and any kinds of abuse. In the UK context, this means all those who provide a service to women with intellectual disabilities need to be trained to recognise the indicators of domestic violence, its many forms and dynamics. Professionals, families, friends and supporters need to recognise that when women with mild and moderate intellectual disabilities lack supportive social networks, jobs, interests and activities, then this increases their vulnerability to abuse in both broad and specific ways. Advocacy, self-advocacy, the support of other women through women's groups and accessible information about the positive and negative aspects of relationships can all help to reduce women's vulnerability to exploitation and harm from those who they hoped would love them.

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