Disability Hate Crime:
The Overlooked Consequence
of the Deinstitutionalization of Care

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Abstract. *Both disability hate crime and institutional violence are major violations of the rights of persons with intellectual disabilities. This article aims to discuss both forms of violence in the context of deinstitutionalization of care in the countries of Eastern and Central Europe[1] and the prevailing high rates of discriminatory attitudes in this region.*

This paper follows a contextualized approach toward discrimination and invokes predominant attitudes in the societies of the region as one particular aspect of the general context. This approach helps to estimate the potential threats for residents of social care institutions to experience hate crime in the community.

Residential care institutions are criticized for high rates of institutional violence; nevertheless, the transfer of residents to community care may expose them to hate crimes in the community. This aspect of deinstitutionalization neither appears on the public and political agenda, nor is it being analyzed by academia in the region. This paper draws attention to important consequences of deinstitutionalization, which possibly have been overlooked by the promoters of deinstitutionalization as well as by the disability policy makers in the region. This composes the originality and practical value of the paper.

Keywords: *deinstitutionalization, disability, discrimination, violence, hate crime, Eastern and Central Europe.*

Acknowledgements

Introduction

Both disability hate crime and institutional violence are a major violation of the rights of persons with ID and a key threat to their safety. Residential care institutions are criticized for high rates of institutional violence; nevertheless, the transfer of residents to community care may expose them to hate crime in the community. This aspect of the deinstitutionalization neither appears on the public agenda, nor is it included in strategic documents.

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[1] Post-Communist countries of the European Union: Lithuania, Latvia, Estonia, Slovenia, Slovakia, Czech Republic, Hungary, Poland, Croatia, Romania and Bulgaria.

The goal of this article is to discuss disability hate crime and institutional violence in the context of the deinstitutionalization of care for persons with ID, which is currently taking place in the countries of Eastern and Central Europe (hereafter CEEC).

Objectives of the article are to review the institutional care system and the paths of its transformation, to analyze cases of violence against persons with intellectual disabilities in the community and to provide an overview of prevailing discriminatory attitudes in the societies of the CEEC.

Some studies insist that the high rates of disability hate crime may contribute to the reciprocal processes, i.e., increase institutionalization rates. For instance, Action on Elder Abuse (2006; cited in Quarmby 2008, p. 46) reports that almost one quarter of all referrals to adult social care involved crime or abuse against people with ID.

Goodley and Runnswick-Cole (2011) summarize that when considering violence and disability together, a traditional understanding was based on the challenging behavior of the person with disability, while, most recently, more attention has been paid to violence experienced by people with disabilities. Hall (2005) insists that this pattern was highly influenced by the numbers of high profile and tragic cases of victimization. A number of victims with intellectual disabilities (hereafter ID) had experienced overwhelming violence and even torture, were degraded and treated as if their lives did not matter (Quarmby 2008, p. 22). High profile cases appear in the public discourse; nevertheless, the harassment of persons with ID is not confined to just a few extreme cases. The Equality and Human Rights Commission (2015) maintains that the incidents, which reach the courts and the media, are just the most public examples of a profound social problem. According to the researchers, around 2/3 of persons with ID report that they had been victims of abuse (Baladerian et al. 2013), and they are ten times more likely to have experienced violence than people without disability (National Disability Strategy 2010–2020).

Quarmby (2008, p. 59) argues that hate crimes against persons with disabilities are widespread, although the real scope of the problem remains hidden. She suggests that disability hate crime differs from racist and homophobic hate crime because, in many cases, perpetrators have a more intimate relationship with their victims, either as friends or carers. Another difference is the language: "the terms 'vulnerable,' 'bullying' and 'abuse,' has resulted in crimes against disabled people being taken less seriously" (Quarmby 2008, p. 59)

Disability hate crime is defined as "any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability" (Hall 2005).

Institutional violence is behavior or a condition experienced in residential services, directly or indirectly perpetrated or sanctioned by the state that dominates, dehumanizes, diminishes or destroys residents.

Institutional Care

Large residential care institutions for individuals with ID were set up with humanitarian intentions, as an expression of societal responsibility toward those who are disadvantaged. Due to an increasing asylum population, a lack of professionalism and an understanding of mental health care, the initial intentions had vanished and asylums were turned into places of confinement, a

bureaucratic way to isolate and treat massive amounts of persons in constant care needs. For instance, in 1806, the average asylum housed 115 patients, and by 1900 the average was over 1 000 (Historic England 2015). Following the Weberian concept of bureaucracy, the societal tradition to care for vulnerable individuals has been transformed into a powerful network of institutions. This transition increasingly interested scientists starting from the middle of the 20th century. They analyzed the dynamics of institutional care, prevailing institutional culture as well as the processes of institutional transformation and deinstitutionalization.

Goffman (1957, p. 2) called them *total institutions*; twenty years later, Foucault classified them as *disciplinary institutions* (Foucault 1979, pp. 197–198). Dowdall (1996) categorizes large residential care institutions as *maximalist organizations* with "high initial and maintenance costs, organizational independence, well-defended niches and low competition, and high inertia and low adaptiveness" (1996, p. 30) and *permanently failing* ones – the term being introduced by Meyer and Zucker in 1989, which refers to organizations who tend toward failure and survive in spite of it.

The abovementioned authors provide general insights on institutional phenomena, which differs in various regions and countries. Its concrete content in local contexts may obtain picturesque details, like institutions' own railway stations and fire rescue brigades (Historic England 2015), a specific vocabulary inside certain institutions (Germanavicius et al. 2005) or practices of harassment (Galjego 2002).

This article is dedicated to analyze the transition from institutional to community care in the CEEC. In this region, the system of residential care implemented more than a mere social function. It was based on ideological values and scientific reasoning, embedded in the economic and organizational rationality. Puras, Sumskiene and Adomaityte-Subaciene (2013) see the metaphor of a *laboratory* and argue that the Soviet tradition still prevails in the system of residential care institutions.

Following the collapse of the Soviet Union, non-governmental organizations (hereafter NGOs) visited residential care institutions for persons with ID and stated that these institutions not only violate fundamental human rights, but that repressions and restrictions are still applied, manifestations of sexual and physical abuse have also been reported (Puras, Sumskiene and Adomaityte-Subaciene 2013).

The abovementioned reports proved the superficial nature of the care reforms implemented by the governments of the CEEC. They also served as an impulse to initiate deinstitutionalization and coordinate the efforts on an international level, for instance, by providing recommendations of using EU structural fund investments and achieving the transition from institutional to community care.

In the CEEC, the system of residential care appeared to be eminently resistant to reforms. The CEEC are especially criticized for using the structural funds to perpetuate the outdated systems of institutional care. More than two decades of numerous attempts to promote changes have not resulted so far in a change of paradigm, as institutional culture and a tradition of exclusion still remain very strong (Puras, Sumskiene and Adomaityte-Subaciene 2013).

Currently, the government's vision for the transition to community living in the region is slowly emerging: deinstitutionalization strategies are developed, NGOs are involved and international organizations provide guidance and funding for the development of exemplary reforms.

Violence in the Community

In Europe, there is a determined movement toward the deinstitutionalization of people with ID, although there are significant differences related to this process among countries (European Coalition for Community Living 2006). The social and political climate in the countries with long democratic traditions, during about 1950-60, influenced debates about the closure of large asylums. The implementation of deinstitutionalization policies has dominated ID services starting from the late 1960s in the United States, Canada, Australia and the future EU countries. The number of people with ID who had been living in institutions has been steadily declining; simultaneously, the number of persons living in a community has increased. This transition to community care, which took place in the West, is an inspiring example for disability and human rights activists from the CEEC. Nevertheless, disability researchers from the Western countries warn that people with ID are exposed to abuse in the community: "far from being 'included' [in the community], people with ID have become targets for hate crime" (Clegg 2015, p. 1). Scholars name the following factors that all contribute to a climate in which people with ID become the victims of hate crimes: negative attitudes, exclusion, lack of support, cultural acceptance of violence, the nature and level of disability, power imbalance and perceptions about the credibility of victims with ID (Sherry 2000; Arrayan 2003; Sorenson 2000). Notably, these factors dovetail both with institutional and community care. The insularity of institutions is their obvious feature, which contributes to higher levels of abuse in institutional settings. It is more complicated to identify specific factors, which increase the vulnerability of persons with ID in the community. Clegg and Jones (2014, p. 150) ascertain problematic situations, when "social workers did not know how to balance duty of care against the moral imperative to promote independence required by ID policy" and provide examples of persons with ID who "were tortured and then killed by people they considered to be their friends."

The main difference between violence in institutions and violence in the community is the probability of its public disclosure. Institutional violence is characterized by its hidden nature – this violence is very difficult to detect, investigate and prosecute (Frohmader, Sands 2014)

Cases of violence against individuals with ID in the community usually become a public issue and turn into so-called "community care scandals" (Clegg 2013). These scandals appear in the media, in police records as well as in official statistics. The integration of individuals into society are a means for disclose and initiate solutions for hidden problems. Yet it may contribute to certain risks. Care in the institutions and violence inside of them is a collective expression of the negative perceptions that dominate in society and the legitimate functioning of disciplinary institutions. During or after the transfer to community care, these negative attitudes may obtain a concrete shape of violence experienced by an individual with ID on behalf of third parties. At this point, the atmosphere in the general society and particular community becomes crucial. The following section will offer some related insights which could be relevant for the CEEC during the period of deinstitutionalization.

Negative Prejudices in the CEEC

Oliver and Barnes (1998, p. 18) define the social model of disability as the "externally imposed, disadvantage or restriction caused by a contemporary social organization which takes little or no

account of people who have […] impairments and thus excludes them from the mainstream of social activities." In the case of ID, social organization mainly includes beliefs that are widespread in the society. Based on the notion of the social model, deinstitutionalization is more than a geographical transfer from an institution and physical inclusion into a community. Nonetheless, the actual social inclusion is only possible in accepting societies. Scior (2013) maintains that understanding public responses to ID has important implications for inclusion policies. According to her, poor knowledge of the ID and negative attitudes influence resistance toward greater community integration (Scior 2013, p. 30). Eurobarometer (2012) shows that Europeans with disability (28%) are most likely to report experiencing discrimination, which in turn has a strong association with experiencing violence.

The CEEC lack reliable data and scientific research in this field. Reports by NGOs are developed on an ad hoc basis and don't specifically focus on violence, although they analyze this subject from various angles. As a rule, examples of community care in the CEEC are presented rather as best practices and lack an analytical approach. Several authors from the CEEC analyzed particular aspects of violence experienced by persons with ID: Zaviršek (2006) focused on violence experienced by women with disabilities in Slovenia; Mladenov (2014) offered an extensive analysis of persons with disabilities in Bulgaria, including cases of violence, Rassel and Iarskaia-Smirnova (2014) provided a broad overview of disability patterns which are inevitably linked with experiences of violence; Sumskiene and Orlova (2015) studied the sexual oppression of female residents of care institutions.

This paper follows a contextualized approach toward discrimination, which emphasizes a society's response to a person and takes into account certain political and socioeconomic issues (Brunsma et al. 2015). The author takes one particular aspect out of the general context – the prevailing attitudes in the society. Based on this data, prevalent attitudes in the CEEC will be compared with the situation in the "old" member states. This comparison will help estimate the potential treats for residents of social care institutions to experience violence in the community. It is noticeable that the "old" members states report an increasing level of violence in the community toward individuals with ID. Higher rates of discriminatory attitudes in the CEEC would be a signal of potentially even higher levels of violence in the region.

The respect for diversity had virtually no tradition in CEEC; therefore, the protection of minorities was a key condition for success in the accession process (Rechel 2010, p. 32). Consequently, the development of respective regulations, the implementation of awareness raising measures and the monitoring of equality data were mainly influenced by international organizations.

Nevertheless, Grabbe (2006) admits that the process of "EU-isation" meant more than the adoption of EU norms and policies. First and foremost, it included moving beyond Communist legacies and regaining a full role in the European political and economic space (Grabbe 2006, p. 5). Researchers (Haughton 2007; Vachudova 2005; Albi 2009;) argue that the EU's transformative power varied across issue areas, for example, demonstrating triumph in the creation of the single market and disappointment in such a sensitive area as minority protection. Comparative data suggest that homophobia and discrimination are more widespread in the CEEC than in other parts of Europe. Generalized views toward different social groups will be discussed in the following part of this section, guided by the point that discriminatory attitudes toward different groups may

Table No. 1. A comparison of attitudes in the EU28 and in the CEEC toward social groups. Based on the data of the Special Eurobarometer 437 (2015)

Situations	EU28, %	CEEC, %	Difference, %
Being comfortable if one of one's colleagues is **a black person**	83	66	17
Being comfortable if one of one's colleagues is **a Roma person**	63	54	9
Being comfortable if one of one's colleagues is **an Asian person**	83	63	20
Being comfortable if one of one's children is in a love relationship with **an Asian person**	69	44	25
Being comfortable if one of one's children is in a love relationship with **a black person**	64	41	23
Being comfortable if one of one's children is in a love relationship with **a Roma person**	45	31	14
Being comfortable if one of one's colleagues is a **Muslim person**	71	57	14
Being comfortable if one of one's children is in a love relationship with **a Muslim person**	50	34	16
Being comfortable if one of one's children is in a love relationship with a person with **a disability**	59	45	14
Agreeing with statements that **LGBT* people** should have the same rights	71	37	34
Agreeing that is nothing wrong in a sexual relationship between two persons of the **same sex**	67	37	30
Agreeing that **same sex** marriages should be allowed throughout Europe	61	32	29
Being comfortable if one of one's colleagues is an **LGBT* person**	63	38	25
Being comfortable if one of one's children is in a love relationship with a person of the **same sex**	44	17	27
Being comfortable with **gay couples** showing affection in public	49	29	20

share similar underlying roots (Lau and Tsui 2006). These authors argue that although different social groups may each possess unique characteristics, discrimination toward various groups may share common features.

Although criticized by some scholars for blurring "the line between research and propaganda" (Höpner and Jurczyk 2015), the Eurobarometer survey series data is a useful resource, since it addresses attitudinal issues in a cross-national context and provides a chronological perspective. Overall findings of this survey revealed that citizens of the CEEC are distinguished for their discriminatory attitudes. More specifically, the following data reveal significant differences between the CEEC and the "old" member states. Data taken from the Special Eurobarometer 437 *Discrimination in the EU* make it evident that the CEEC form a cluster that significantly differs from the "old" member states and usually falls below the EU27 (EU28) average.

As Table No. 1 shows, respondents from the CEEC are less likely to accept and tolerate differences, including race, ethnicity, belief, disability, sexual orientation and gender identity. None of the CEEC averages exceeds the EU28 average; furthermore, the difference of certain attitudes may compound 20–30%.

Table No. 2. A comparison of opinions in the EU28 and in the CEEC if discrimination on basis of certain grounds is widespread. Based on the data of the Special Eurobarometer 437 (2015)

Discriminatory ground	EU28	CEEC	Difference
Ethnic origin	64	48	16
Sexual orientation	58	44	14
Gender identity	56	36	20
Religion or beliefs	50	25	25
Disability	50	44	6
Being over 55 years old	42	49	-7
Gender	37	28	9
Being under 30 years old	19	21	-2

The Special Eurobarometer 437 (2015, p. 13) indicate that "discrimination on various grounds is seen as more widespread than was the case in 2012." Paradoxically, despite the highly prevalent discriminatory attitudes, respondents from CEEC are less critical to this situation and demonstrate less perception that discrimination is widespread, except on the grounds of age (Table No. 2).

Consequently, respondents from the CEEC are less likely to support new measures to protect socially vulnerable groups, nor positively perceive existing efforts to fight discrimination (Table No. 3).

Table No. 3. A comparison of opinions in the EU28 and in the CEEC if additional measures are needed to protect discriminated groups and an evaluation of existing efforts to fight discrimination. Based on the data of the Special Eurobarometer 437 (2015)

	EU28	CEEC	Difference
New measures are needed to protect discriminated groups	62	56	6
Efforts to fight discrimination are effective	27	20	7

An analysis at the national level (The Special Eurobarometer 437 2015, p. 89) shows that the lowest proportions can be seen in the CEEC: Bulgaria (11%), Latvia (14%) and Estonia (15%). Although, in a number of countries, there have been large increases since 2012 in the proportion who think national efforts to fight discrimination are effective, decreases can be noticed in just three countries: Bulgaria (-6), Slovenia (-3) and Estonia (-2), all of them belonging to the CEEC.

These data provide a fragmentary overview of prevailing discriminatory attitudes in the societies of the CEEC and scratch the outer level of the problematic area of the potential disability hate crime. This research also points out the specific set of topics for the future analysis of this sensitive subject.

Yet it suggests that the CEEC, approximately 10 years after joining the EU, still differ from the "old" member states through their selective perception of fundamental values, as well as a limited approach toward human dignity, equality, rule of law and human rights. This data also provides a certain understanding about the societies, where persons with ID will be (re)integrated during the coming years. Since the process of deinstitutionalization is at its very first stages, it is difficult to predict and evaluate the possible dangers of disability hate crimes. However, the

contextual data suggests that the CEEC in parallel with the closing down of institutions and developing community care services, ought to introduce specific measures aimed at the general society, as well as particular groups – communities, social care, mental health professionals, police officers as well as persons with ID to be able to recognize, protect themselves and report cases of hate crime.

Conclusions

Cases of institutional violence usually remain concealed behind high fences and locked doors. Society receives only ad hoc information in the form of media messages or NGO reporting. While becoming a part of the society, persons with ID will increasingly become the subject of public discourse. Western experience shows that scandals involving disability hate crime constitute a significant part of this discourse.

Both violence inside of the institutions, as well as violence in the community, are the result of unequal power relations and the vulnerability of persons with ID. However, the awareness of the actual scope of the problem, its frequency and the main patterns are important while planning an inclusive disability policy and looking for a new balance between the right to autonomy and the right to safety.

The metamorphosis of violence in the institutions into disability hate crimes in the community might be an unexpected outcome and potential threat of the process of deinstitutionalization in the CEEC. This may compromise the reform, slow it down or even impact converse processes of re-institutionalization.

Discrimination prevailing in the CEEC contributed to exclusion of persons with ID in residential care institutions; it might contribute to the emergence of disability hate crime following the process of deinstitutionalization.

Stigmatizing attitudes toward particular social groups currently found in the CEEC resemble those that existed in Western Europe a few years ago (Zick et al. 2011). Similarly, the process of deinstitutionalization, now taking place in the CEEC, is passing through the same stages of development that happened in the West during the last decades of the 20th century. Therefore, analysis about potential threats, as well as studies about best practices in the Western countries, would be helpful in adopting those aspects that are considered to be best practices.

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