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Reporting hate crime and prejudice incidences in the Trans Community: A study of attitudes and approaches to facilitate change

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Abstract

The Transgender Community are “among the most vulnerable” (Prisons and Probation Ombudsman, 2017, p1) groups in society. Measures to protect this group were attempted by the launch of the Equalities Act 2010, which legally protected 9 characteristics from Hate Crime and Prejudice Incidences. One of these characteristics is gender reassignment; a community that has had very little acceptable or protection in society. This research will explore whether changes in reporting Hate, Crime and Prejudice Incidences (HCPI) can be seen since the 2014 Leicester Hate Crime Project with particular focus on whether members of the Trans community now feel more able to report HCPI due to a belief that their cases will be well received by the police; following recommendations made by previous research in this area. A small scale research project with 18 participants selected through stratified and snowball sampling was carried out. Data was collected via primary research through questionnaires given to members of the Trans Community. Secondary research involved a literature review to support primary findings by considering issues with the care and management of Transgender prisoners, as this area in particular highlights both their vulnerability and mistreatment. The results from this study suggest that there is some increase in the Trans communities confidence to report incidences since the study in 2014, but there are still uncertainties around what constitutes a hate crime, particularly verbal abuse. This may impact on the behaviour of both perpetrators of hate crime and the Trans victims. Suggestions are presented on how future work could bring about better community cohesion, enable clarity around what constitutes a hate crime and ensure stricter reinforcement of the laws to protect this vulnerable group.

Keywords: Transgender; Hate-crimes; Victimisation; Criminal Justice Service; Police; Leicester

1. Introduction

Recent media coverage towards the Trans Community (TC) suggests a climate shift towards acceptance of this vulnerable group within society (Roshell, 2016). This is demonstrated further by the Equality Act 2010, which recognises Gender Reassignment as a protected characteristics thus lawfully protecting the TC. Yet the Prisons and Probation Ombudsman (PPO) consider the TC 'among the most vulnerable' (PPO, 2017, p1) group in society.

The term Transgender is an "Umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth." (APA, 2014, p1)

The objective of this study is to consider whether reporting of Hate Crime and Prejudice Incidents (HCPI) towards Trans, their attitudes towards reporting and strategies to enable reporting have changed since the Leicester Hate Crime Project (LHCP) (University of Leicester, 2014a). The recognition of the TC as a group in law, gives them the mechanism to report incidents, whilst feeling secure in how it will be received by the police and Criminal Justice System (CJS). However, are the correct systems and terminology in-place to enable this or does more need to occur to encourage reporting of these incidences? Increasing the profile of HCPI and subsequently enabling Problem Orientated Policing (POP) strategies' is important, as there needs to be an increase in reporting and criminalising these acts, because without "visibility and acceptance [of Trans] in society" (Strudwick, 2014) "bullies, bigots and thugs will feel their behaviour is totally acceptable" (Stamp It Out, 2014), so 'othering' (Walters and Patterson, 2016, p12) of the TC will continue.

Despite the PPO recognising the Transgender community as vulnerable there is a lack of research exploring the issues surrounding gender identity. High profile deaths of Transgender prisoners, such as Vicky Thompson, mean that the government recognises the need for policies linked to Trans to be 'given a more fundamental re-appraisal' (Ministry of Justice, 2016). This article outlines research is therefore presented around feelings of victims of HCPI and the treatment of Trans prisoners to try and establish whether this could be perpetuating a lack of understanding which creates a vicious circle of how this group are treated both by society as a whole, the police and CJS.

The research findings present the victims own experiences of HCPI categorised on the basis of the prevalence of incidences such as verbal and physical abuse and the likelihood of the victim reporting the incident. Plus the impact of abuse on the lifestyle choices made by the victim and their reflections of their experiences having reported incidents. Findings were compared to those from similar studies.

This study aims to produce recommendations to increase the understanding of Trans' victims and thus creating specific strategies for the TC. Solutions are suggested on how both the Trans Community, Third Sector Organisations (TSOs) and professional agencies can work together to ensure an empathetic approach to how HCPI reports are received, but moreover how education and training within policing for example would enable the Trans Community to move away from feeling invisible and towards feeling accepted in society (Strudwick, 2014).

2. Methodology

Primary and literature analysis was used, adopting a triangulation method (Crowther-Dowey and Fussey, 2013). A range of different data collection techniques were considered, including personal reflections around emotions surrounding the incident itself and feelings around reporting the incidents to the authorities; whilst following ethical procedures to protect candidates from harm (BSOC, 2015). Primary research used stratified sampling. Questionnaires were given to Trans Organisations to determine their experiences of hate crimes within a structured approach of closed or open questions.

2.1 Primary research

Questionnaires are 'an effective means of measuring the behaviour, attitudes, preferences, opinions and intentions (McLeod, 2014), as they collect both quantitative and qualitative data through various question forms. However, response rates of questionnaires are 'notoriously low' (Kumar, 2011, p149), so achieving a homogenous sample to gain representative results, the sample size has to be large. Whilst difficult to achieve a large sample for this study, other advantages of utilising questionnaires relating to ethics were considered to be beneficial, outweighing the disadvantages of a smaller sample.

Interviews were considered but, cost and time implications (Denscombe, 2014), and the vulnerability of the Trans group were an issue. More detailed opinions from the TC may have been gathered through interviews, as the participants may have opened up and provided more in-depth responses and ultimately more debate around the issue. However the possibility of this becoming a therapeutic platform had to be considered. A participant 'opening up' to the researcher may have caused them psychological harm, which would have been unethical (BSOC, 2015). On the converse side, the sensitive nature of the TC may mean participants would be less likely to answer and would prefer the anonymity of the questionnaire (Denscombe, 2014).

2.2 Ethical consideration

Following the British Society of Criminology's Code of Ethics, appropriate considerations were put in place for anonymity of participants. This was explained within the participants' information and informed consent documentation that were provided to the respondents (Code of Ethics, 2006). The project involved collation of personal / sensitive data, therefore the data was anonymised to reduce identification from the information provided (BSOC, 2015, p7). Participants were asked to create a username, allowing for anonymity and a prerequisite for withdrawal from the project (BSOC, 2015).

Nottingham Trent Universities Ethic Committee gave ethical approval. The board required copies of all the documentation given to participants. See appendices 1 to 3.

The project adopted the correct terminology to describe the TC, to reduce offence to the participants. For example 'Transgender', 'bi-gendered' and 'gender-queer'. These terms are accepted within the TC (Appendices 5) and used to reduce risk of being offensive, whilst building a rapport with participants by showing understanding towards their community.

2.3 Sampling

The researcher used stratified sampling. This ensured representation from the appropriate Trans subgroups chosen for the questionnaire. Therefore the Trans population are 'appropriately represented' whilst addressing the criminological issues. This was achieved by contacting Trans organisations, social media pages and known Trans people to produce a homogeneous representative sample (Denscombe, 2014), whilst maintaining random samples within the subgroups. Purposive sampling was used, which involves 'selecting people most likely to have the experience or valuable insights on the research topic' (Denscombe, 2014, p41).

Although Stratified and Purposive sampling were appropriate for this study, it does leave the feedback vulnerable to bias responses (Dudovsky, 2016). The nature of the questions being asked, such as question 17 "Did you feel comfortable reporting to the police" and 18 "Briefly explain your answer to question 15", may give participants an opportunity to exaggerate the truth, therefore provide misleading results (Dudovsky, 2016). See appendix 3 for the questionnaire.

Snowball sampling was implemented. This is 'a process of reference from one person to the next' (Denscombe, 2014, p42). To increase potential participants, organisations were asked to forward questionnaires on social media platforms, to engage other members of the TC. This reduced the limitations produced by the difficulty in accessing more participants.

2:4 Questionnaire format

Ethical consideration was given to the format of the questionnaire. To restrict how much detail the participants needed to give, and to reduce any emotional distress by provision of detailed answers, the investigator composed the majority of the questions as multiple choice. This provided quantitative data, which could be analysed and compared to previous studies (Crowther-Dowey and Fussey, 2013). The open questions that were designed to gather qualitative data were made optional. This was outlined within the participants information form. The qualitative questions only required 'short descriptions' to reduce in-depth responses, therefore limiting emotional distress (Appendices 3).

The Questionnaire used in this current study was initially based on the LHCP survey (University of Leicester, 2014a), however the researcher made adaptations to the LHCP questionnaire, such as including politically correct terminology. In addition, the current study included questions tailored to identify the TC viewpoint on HCPI and their experiences with this, reporting of incidents and what prevents reporting. This differentiates the current questionnaire from the LHCP survey, which looked at HCPI from the perspective of gender as a whole (male, female and transgender).

2.5 Data analysis

The data analysis conducted was predominately descriptive, as it enabled the researcher 'to portray particular cultures or experiences in depth and in detail' (Denscombe, 2014, p243). The quantitative data collected through close-ended questions, were critically analysed through descriptive statistics. This helped put into context the responses to the closed questions. Data was also identified with inferential statistics; examining the primary data beyond the simplistic description, combining this with theoretical knowledge, then concluding what this represents (Trochim, 2006). This study utilised a

triangulated approach. The qualitative primary data and literature data were identified through thematic analysis; identifying themes within the data and linking the statistics to other established research and criminological theories (Howitt and Cramer, 2011). The data was analysed through Google Forms.

3. Literature review

The literature provided an overview of the treatment of Trans offenders, how well the CJS responds to these incidences and the resulting identification and analysis of the strategies put in place.

The availability of this information helped overcome restrictions the researcher had to conduct primary research; such as accessing offenders. For this study, it was unknown if some of the Trans offenders were open about their identity; it would therefore be unethical to ask trans offenders in case it puts them at risk (BSOC, 2015). Thus, a literature review was undertaken to gain an epistemological understanding of the treatment of Trans offenders in prisons.

Literature reviews can be limited as some articles can be outdated and therefore no longer relevant. For example research conducted before the Equality Act 2010, may raise criticisms that have been superseded. Although the risk of 'material [being] out-of-date' (University of Queensland, 2017) can demonstrate progression or highlight topics which hadn't been resolved and required further action.

3.1: Victims and HCPI

The Equality Act 2010 is an 'antidiscrimination law' (Gov, 2015). Protected under this law is gender reassignment, providing a platform for Transphobia in the public domain. An increase in reporting Transgender hate crimes followed. In 2011/12, 309 Transgender hate crimes were identified, which increased to 361 the following year (Corcoran, Lader and Smith, 2015). By 2015/16, 858 HCPI were recorded by the Crime Survey of England and Wales (CSEW) (Corcoran and Smith, 2016). Despite this increase, other areas with higher report rates, such as racist hate crime (Corcoran and Smith, 2016) meant Trans HCPI were not prioritised.

The Woman and Equality Select Committee Inquiry (2015) has 'brought ... parliamentary and media attention to the challenges which the TC face' (Huxter, 2016). This was further highlighted by the death of Vicky Thompson, a Trans woman who committed suicide in a male prison in 2015. With demand for recognition and awareness, papers such as the College of Policing 'Hate Crime Operational Guidance' (2014) and the Home Office 'Action Against Hate: The UK Government's Plan for Tackling Hate Crime (2016) were produced. Both proposed the necessity to develop strategies to help tackle hate crime (Home Office, 2016).

Applying Tilley's 'involvement in policing model', these recent events help define 'what constitutes a problem' (Newburn, 2013, p626). Therefore encouraging the POP to explore an area of little recognition (Goldstein, 2001).

The LHCP evaluated how effective current legislation and preventative schemes were. This then broadened the definition of hate crime, people's experience with HCPI and understanding the impacts on victims, whilst furthering ways of improving reporting and support to the victims (University of Leicester, 2014a).

Transphobic HCPI were grouped within the briefing paper of 'gendered hostility', which included Trans' discrimination. The gendered hostility survey engaged with 24 transgender people. 86% of respondents stated they were a victim of verbal abuse, a third stated they experienced verbal abuse regularly. 77% suffered from harassment, bullying or threatening behaviour and 59% experienced violent crimes. These statistics gave numerical understanding of Trans victims' regular experiences and provided a better understanding of Trans HCPI, which can determine responses according to Tilley's model (Newburn, 2013).

As well as the LHCP (2014) discovering 86% of respondents experienced verbal abuse, the Sussex Hate Crime Project (SHCP, 2016) also found 81% of 59 Trans participants experienced direct verbal abuse and 91.5% experienced indirect verbal abuse (Walters and Paterson, 2016). This is not reflected in the 'official' statistics as only 858 incidences and crimes were recorded by the CSEW in 2015-16; thus demonstrating an issue of under-reporting.

The LHCP provided qualitative data allowing Trans victims to have their voices heard, therefore providing insights. '*You know I'm used to the verbal abuse*' (University of Leicester, 2014a, p9). These qualitative answers provided understanding to the quantitative data. For example, 64% of victims quality of life were affected due to fear of HCPI compared to greater society.

The LHCP recommended that the CJS, other associated organisations and third sector reporting platforms, should provide better emotional support for the victims and more empathetic understanding; potentially adapting court proceedings, prosecutions and victim treatment throughout reporting (University of Leicester, 2014).

Trickett and Hamilton's (2015) research on hate crime training of police officers identified issues with diversity training. They discovered that the training provided less exposure to hard-to-reach communities and lacked emphasis on negative experiences victims had with the police (Trickett and Hamilton, 2015). They argued this indicated a greater need for humanising training; allowing for the TC to give feedback to officers, thus developing greater human approaches to real-life situations (Trickett and Hamilton, 2015, p113).

The LHCP resulted in a TSOF; Stamp It Out which founded in 2014 by PRISM, a LGBT community group. This organisation emphasises the importance of reporting hate crimes; 'if hate incidences are not reported, the bullies, bigots and thugs will feel their behaviour is totally acceptable and they can continue to abuse people whenever' (Stamp It Out, 2014a). Reporting would, statistically increase the prevalence and therefore awareness of HCPI, causing the issue to be prioritised. Trans victims are frightened to report crime.

The LHCP found many victims feared their case would not be taken seriously: '*if I went to the police to report every single incident I wouldn't be doing anything else*' (University of Leicester, 2014a, p 13) or victims didn't report as they had experienced or heard about poor treatment by the police.

However, the LHCP found that 36% of their Trans respondents were very satisfied with the response and experience they had from the police and 50% of these respondents would 'encourage others to report' (University of Leicester, 2014a, p 14). The 'Hate Crime Operational Guide' (2014), discussed

community engagement, recognising that particular communities 'are reluctant to report to the police' and proposed methods to 'close the gap of underreporting' (College of Policing, 2014, p48). However the methodology of addressing Transphobia with homophobia preventative strategies demonstrates misunderstanding as to the difference between these sub-groups. Therefore, the CJS, government proposals and TSO have not entirely addressed the issue that the TC is more vulnerable and victimisation has longer-term psychological damages compared to other protected strands (Haas, Rodgers and Herman, 2014). In addition, they do not resolve the under-reporting and trust issues the TC have.

3.2 HCPI and treatment of Trans prisoners

Since LHCP conducted the research upon hate crime of protected characteristics, there have been heavily documented cases with regards to Trans Prisoners (TP). For example; Vicky Thompson, Joanne Latham and Jenny Swift, who committed suicide in the male prisons. The correlation between the data found by LHCP to these cases may have lead to a decrease in confidence within the TC towards the police force and faith in the CJS overall.

There is a lack of UK research conducted in the prison system on Tran's treatment. For example, gender identity was not addressed in '*Offender Mental Health Care Pathway*' (Department of Health, 2005). Evaluating recent evidence on how the TC experience heightened mental illness and suicide tendencies was not considered here. Research from the USA, *A Report on the Treatment of Trans and Intersex People in Men's Prisons* (2009) provided useful evidence to assist this research project as the penology system in the UK and the USA are related (Newburn, 2013).

Following the death of Vicky Thompson in 2015, the Ministry of Justice produced a report, '*Review on the Care and Management of Transgender Offenders*' in 2016. Thompson's partner, Robert Steele, had informed the prison that he was concerned about the mental wellbeing of Thompson, but this information was not acted upon, nor were suicide watch precautions adopted (Quinn, 2015). The death of Joanne Latham a few weeks after Vicky Thompson, reinforced the need to review the current care and management (Ministry of Justice, 2016), thus, informing a new National Offender Management Services (NOMS) '[nation]wide instruction on the management of Transgender offenders ... to replace the Care and Management of Transsexual Prisoners'(2011) instruction (Ministry of Justice, 2016, p3). The previous Instruction (2011) could be seen as politically incorrect; due to the terminology 'Transsexual' rather than the preferred term 'Transgender (APA, 2014), as within the TC this terminology only refers to 'people whose gender identity is different from their assigned sex' (APA, 2014, p1). This does not include identities such as 'cross-dressers'; people who 'wear clothing traditionally or stereotypically worn by another gender' (APA, 2014, p1).

The reform of the care and management of TP and the addition of Jenny Swifts death in 2016, the Prisons and Probation Ombudsman released a 'Learning Lessons Bulletin' on TP in 2017. This stated that prisons and prison staff have the 'fundamental responsibility to keep prisoners safe and to protect and support those with particular vulnerabilities', recognising that Transgender prisoners are 'among the most vulnerable' (PPO, 2017, p1). The mental state of Transgender people has been identified to have 'elevated rates of suicide and self-harming behaviour' (Chakraborti, 2015, p68).

Mental illness and heightened suicide risk, is further increased due the likelihood of suffering from 'family rejection, violation of their rights to education, higher rates of unemployment, poverty' and other marginalisation (WHO, 2017) which 'produce a marked vulnerability' (Haas, Rodgers and Herman, 2014, p2). This therefore, raises the question that if the TC experience heightened mental health issues and are significantly more vulnerable, then what impact does prison, a place of social isolation, exacerbated mental health issues and further rejection from society, have on them? Due to these vulnerabilities, it can be assumed that within the prison setting the TC will experience heightened deprivations (Skyles, 1958). The bulletin produced by PPO (2017), addresses the flaws in the treatment of TP and has created 6 lessons to learn from the deaths.

Is there enough awareness, care and emphasis placed upon prison officers and staff to understand why these additional strategies or safeguarding are needed for the TC? The Woolf report (Day, Hewson and Spiropoulos, 2015), although recognising that staff care for the role they do, criticises the conditions in which the staff and officers work under. A 'blanket of depression' with a 'lack of value' and 'frustration with an impression of under-appreciation' (Day, Hewson and Spiropoulos, 2015, p11). There is a 10-week training course, which the government recognises as 'basic training' (HM Prison Service, 2017). The combination of the conditions of the working environment and basic training, does not prepare officers or staff to deal with the complexity of vulnerabilities of the Trans communities. These factors could compromise the effectiveness of prison officers and staff's ability to 'create a safe, secure environment [with] the chance to change lives for the better' (NOMS, 2017), Erwin James, a convicted murderer, reflected on the importance of recognising that prisoners are 'people first and prisoners second. This ideology allows for prisoners to have confidence and high self-esteem, therefore reducing the risk of reoffending (James, 2001). This emphasis on 'people first' is even more imperative for TP. Treatment with care will create a safe environment and protect their mental state; reducing the likelihood of suicide by TP. It also represents the value held for the TC, which, by extension helps build stronger trust and confidence within general society.

4. Research findings and analysis

18 respondents between the ages of 18 to 64 completed the questionnaire. Respondents identified themselves as: transgender (10), other (6) and the remainder identifying as cross dresser (1) and gender-queer (1). The participants also identified themselves with different sexual orientations; 6 heterosexual, 4 bi-sexual, 3 Asexual, 3 pansexual and 2 lesbians (see Figure 1 below). Therefore, correlations can be identified between sexual orientation and those who identify solely as Trans to explore who experienced increased prejudice and hate or vice versa.

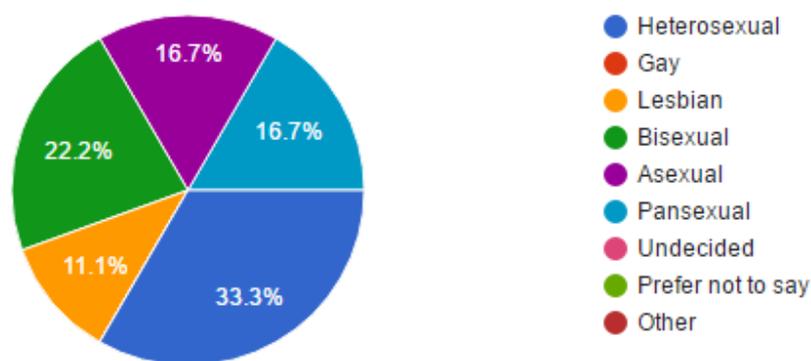


Figure 1: Sexual Orientations

4.1 Victims’ experiences with HCPI: verbal abuse (VA), mental health and reporting

Although multiple campaigning for education and acceptance within society for the TC, for example: Gender Trust (1991), Press for Change (1992) and Mermaids (1995), there has been little progression, since 1959 when Roberta Cowell transitioned (Stonewall, 2016). Thus taking the government and CJS 51 years for significant progress to occur.

The LHCP Gendered Hostility Study, found that 86% (N = 20) of participants were victims of VA. This was reflected within the current study, as 88.8% (N = 16) of participants said they experienced VA frequently and only 11% (N = 2) stated they never experienced verbal abuse. The figures would suggest there has been little progress in attitude since the original study.

The current study identified that VA is the most frequently experienced form of HCPI, compared with cyber bullying; 72.2% (N = both 13), harassment; 63.3% (N = 12) and physical abuse; 33.3% (N = 6) However some victims were are sure that VA was an offence (Galop, 2011). It is not clear on the Citizen’s Advice website; as it is listed as a hate incident, but when advising what makes a hate incident a crime, VA is not listed as an example (Citizens Advice, 2017). The Public Order Offence, 1986, makes it illegal (CPS, 2017).

Not knowing VA is an offense may explain its continued prevalence and the reason there are low-levels of Transphobic HCPI reported to the police. There were 605 incidents reported in 2014 – 15 (House of Commons, 2015). This is reflected within the study, as respondents who did not report a HCPI 54.5% (N=12), chose not to do so for reasons such as; ‘do not think the police could do anything’ (N=6) and ‘do not believe it, would be taken seriously’ (N=6) which may relate to believing that VA could not be prosecuted. However, 67% of participants identified with a sexual orientation other than heterosexual. This could also explain why low levels of Transphobic HCPI are reported, as these incidences could be perceived by the respondents as being due to hate crimes towards sexual orientation, rather than Transphobia.

12 participants in this study indicated they suffered from mental health issues which correlates with findings in the SHCP (2016) which found the TC suffer ‘high levels of psychological trauma’ (House of

Commons, 2015, p57), as well as low levels of recording. Mental Health could limit the ability to report HCPI as this may amplify a victim's vulnerability.

Chakraborti and Hardy uncovered that Trans are held back from reporting due to the fear of having their identity 'outed'. Misuse of information could expose them to potential harassment from the 'broader community, work colleagues and even friends' who are unaware (Chakraborti and Hardy; see Trickett and Hamilton, 2016, p17). This may increase a Transgender person's likelihood to commit suicide and self-harm (Trickett and Hamilton, 2016). McNeil et al's research supports this, finding that 84% of 794 participants had contemplated ending their lives (McNeil et al, 2012). The current study discovered similar finding, with 66.6% of participants suffer with mental health issues.

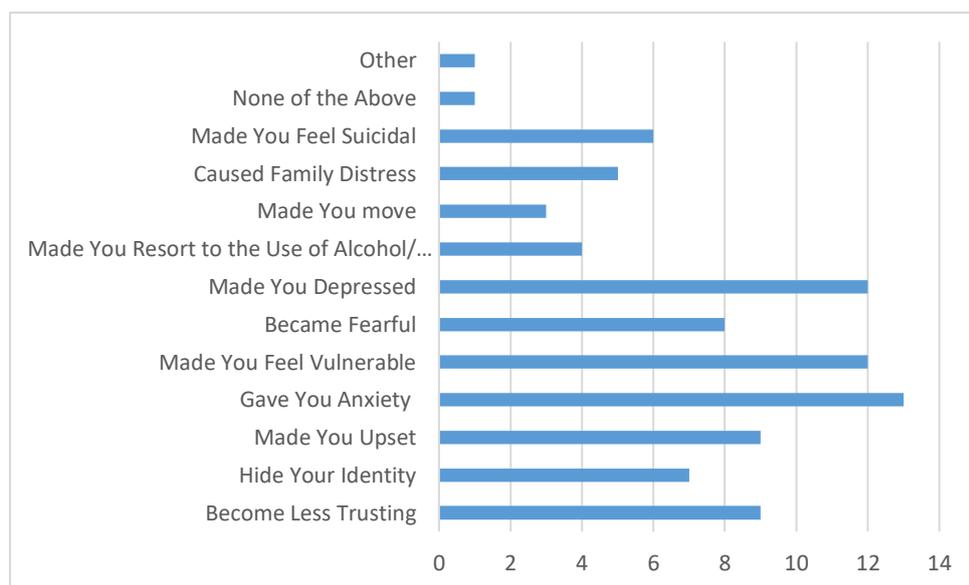


Figure 2: What are the Impacts of HCPI?

Figure 2 highlights the emotional impact HCPI had on participants, with 33% stating it made them suicidal and 67% recording feeling vulnerable and depressed. This is an increase on the LHCP, which found that 60% of their participants disclosed that VA directly resulted in them suffering from depression (University of Leicester, 2014). The results suggest that HCPI can exacerbate or be the cause of mental health issues suffered by Trans people.

4.2 Impact of verbal abuse on behaviour

Participants were asked whether verbal abuse had an impact on their mental health or changed their behaviour. Results here give an indication of progress in community cohesion and acceptance of TC.

Responses to question 9 'Where have you experienced these hate, bias or prejudice incidences or hate crimes', demonstrate that 77% of participants have experienced some form of HCPI within the community (Figure 3, below). Although the parameters are slightly different, it could suggest an increase from 63% of LHCP's participants; stating that hate crimes occurred in public (36%) and outside or near the home (27%) and highlights a continuation of Transphobic hate crime since 2014.

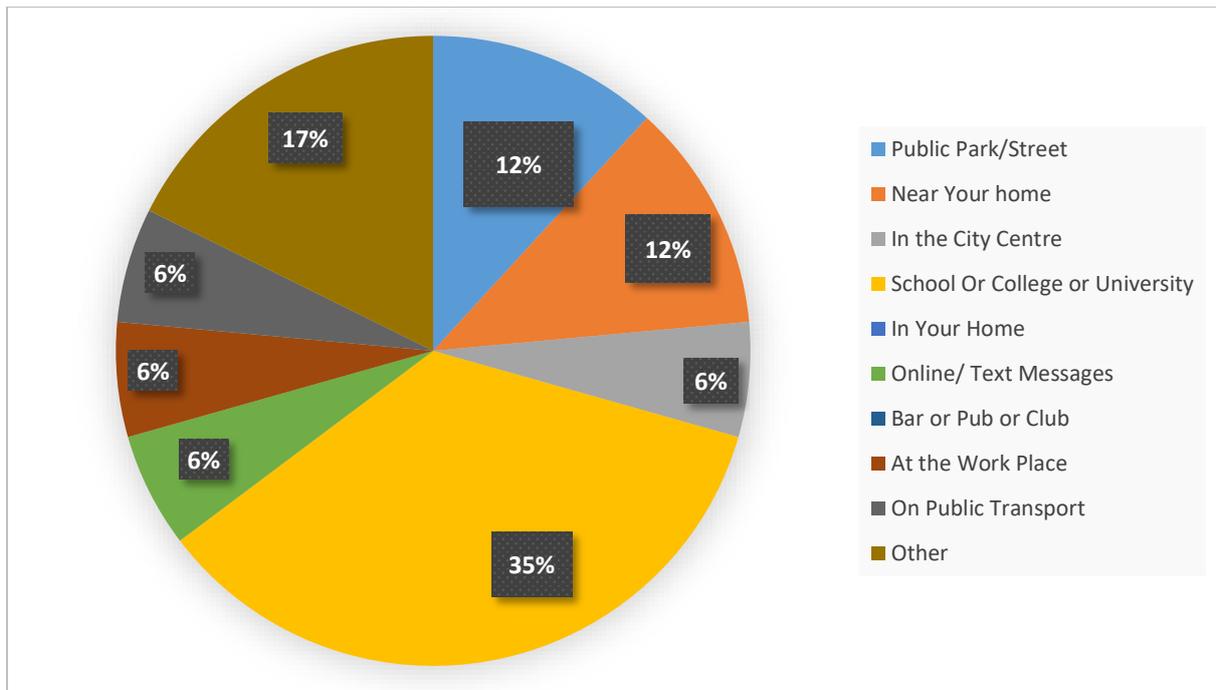


Figure 3: Where have you experienced these hate, bias or prejudice incidences or crimes?

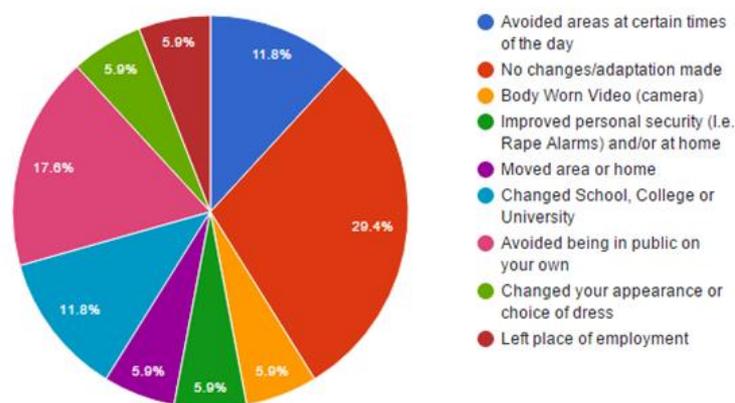


Figure 4: What have you done, changed or adapted to make yourself feel safer?

Figure 4 demonstrates that 17.6% (N=3) of the respondents avoided being in public on their own. 11.8% (N=2) avoided areas at certain times of the day and 11.8% (N=2) changed school, college or university to feel safer. These figures indicate that better POP and application of strategies recommended in the Action Against Hate, 2016 document are in effect. The Action Plan set out to challenge the beliefs and attitudes of members of society by providing tools to educate through ‘new programmes to equip teachers to facilitate conversations about ‘different topics’ (Home Office, 2016, p6) and a £2.4 million fund to provide ‘training, raising awareness ... and explore new ways of tackling hate crimes’ (Home Office, 2016, p6).

Although HCPI occurring within the public domain is still a pressing issue, as shown by Figure 3. The current research found that 29.4% of respondents to question 10 ‘What have you done, changed, or

adapted to make yourself feel safer?', did not deem it necessary to change their routine, to feel safer, despite question 9 data pointing to a maintained prevalence of HCPI.; This suggests there may be other factors involved. The 2014 National Policing Hate Crime Strategy, stressed the importance of 'community cohesion' in helping to reduce HCPI. Cohesion could be developed through 'effective community intelligence and engagement... increase(d) understanding' and 'build confidence and communication strategies to meet specific community needs' (College of Policing, 2014, p4). Perhaps the TC feel supported despite the fact that incidents occur. For example, respondent 2 stated to the question, 'When asked did you feel comfortable reporting to the police?' *'I would as I live in an accepting and supporting area.'* However, this confidence may be case / individual specific, depending on the area or forces, this will be explored later.

Notwithstanding this, the 29.4% response rate shows an improvement when compared with the LHCP 2014, where 100% of the participants found that all experiences of HCPI 'had some form of impact upon them' (University of Leicester, 2014a, p11). 45% of the LHCP (2014) respondents avoided certain areas due to verbal abuse. 40% changed their way of dressing, 60% suffered with depression and 95% were left 'upset' from these situations (University of Leicester; 2014). Perhaps the TC feel as though society has a better understanding, demonstrated in this study by the decrease in Trans avoiding certain areas (11.8% in Figure 4), and 29.4% of participants not needing to make changes to feel safer. Perhaps a future question could explore this in more detail, for example, 'If you did not feel the need to make any adaptations to feel safer, please state why?' The current study questioned issues of HCPI in places of education. 35.3% of respondents experienced incidences in education and 11.8% chose to move because of this. Comparative data from an American study found that 86% of Trans' pupils who were experiencing regular VA at school, were two times more likely to not finish education (American Progress, 2010). Further research in the UK is warranted to see the full scale of this issue.

Despite the increased awareness and understanding towards the TC since the 2014 this study found little decrease in occurrence nor effects of VA.

4.3 Victims experiences with reporting hate crime and prejudice incidences

50% of participants reported HCPI to some type of reporting agency. 33.3% (N=3) respondents, reported them to the police, 44.4% of which felt comfortable in doing so. The remaining respondents reported HCPI to places of education (33.3%), 11.1% to Transgender organisations who acted as third-sector reporting agencies, 11.1% reported to the council and the remaining 11.1% reported to another agency that was not specified in the questionnaire. The 33.3% of Trans' participants reporting incidents to the police, shows an increase of 18.9% since the 2014 study (University of Leicester, 2014). This percentage increase and the 44.4% of participants who comfortably reported incidents, points to an increased level of trust, support and community cohesion with the police. This suggests POP implementing confident building strategies within the community to meet the needs of the TC, for example, liaison officers who specifically for the LGBT community (College of Policing, 2014, p46) may be working. Awareness training for police and CJS staff was suggested to increase their confidence in dealing with HCPI of the TC. Interactions predominantly occur between the TC, police

officers and staff, it is therefore imperative for all communications to be 'positive and professional' (College of Policing, 2014, p46). If further study was undertaken, interviews with the TC could explore the effectiveness of the liaison officers.

There was difficulty in interpreting whether the current study found an increase in comfortability when the TC reported incidents to the police. The 2014 LHCP found that 49% of participants were satisfied with the service the police provided, which, on the surface, is greater results than the 44.4% of participants in this study. However, the increase (18.9%) in reporting since 2014, can demonstrate an increased level of confidence in the police and thus success in this area. The 18.9% increase in reporting can reflect improvements made through training and in community cohesion. This is illustrated through the qualitative data gathered. Respondent 13 felt: *'they [the police] took the sexual assault charges seriously and took a DNA sample...'*

Respondent 2 stated: *'if it [HCPI] was extreme I would as I live in an accepting and supporting area'*. These statements indicate that improvements are being made, as the responses have changed drastically since 2014 LHCP, where one respondent stated: *'their service [the police] were appalling... they just completely ignored me'* (University of Leicester, 2014a, p14). This was shown not just to be an issue within the Leicestershire Constabulary. Research conducted by GMP found that the police were not always supportive. One participant, when asked how the police could improve stated *'be sympathetic, I have been a mess at times, the police have been in a rush, and really bad body language, need to be sympathetic. I feel I haven't been listened to, and after speaking to the police I feel worse'* (Broadstock, 2015, p64).

There is evidentially still a way to go, this research shows that 50% of the participants did not report any HCPI and of those who did, 66.6% choose to report the incidents to organisations other than the police. Therefore the assumption that malpractice, or at least a perception of it, towards the TC is still feared and improvements have not been made across the board for more Trans to report HCPI.

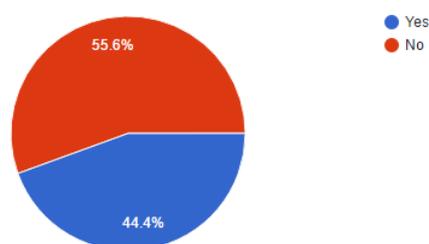


Figure 5: Did You Feel Comfortable Reporting to the Police?

As highlighted earlier in the article, 55.6% participants stated they were not comfortable in reporting incidents to the police, see Figure 5. When asked why not, the common explanations were: *'did not believe it [HCPI] would be taken seriously'* (N=6) and *'do not think the police could do anything'* (N=6). This implies the need for further work in this area.. Trickett and Hamilton (2015) suggest that diversity training would enable police officers to empathise with the Trans situations, recommending that *'exposure to victims and people with different backgrounds ... would help officers learn about crimes*

against people [and] why people might not report' (Trickett and Hamilton, 2015, p113). In fact this issue that Trickett and Hamilton's study found is recognised by the police themselves: "[with] the most effective training I think would probably be to get groups of us in a room but have people that have been victims coming in and actually giving kind of first-hand accounts ... I report something to you, generically, the police x months ago and this is the experience I've had, both positive and negative" (Trickett and Hamilton, 2015, p113).

The lack of human empathy recognised by the victims from the police, may have adverse effects on their ability to implement professional and positive police procedure, hence reducing the faith and desire of the TC to report HCPI. This contradicts the improvements in police understanding and community cohesion. The 2016 Action Plan, highlighted the need for further improvements. The plan aims to improve the victims 'confidence that their complaints will be taken seriously', improving support and building better understanding (Home Office, 2016, p15). This suggests that since the Equalities Act of 2010 and the LHCP (2014) research, handling of all aspects of HCPI have not seen improvements nationally.

5. Conclusion and recommendations

The project explored whether there has been an increase in the Trans community reporting HCPI since the LHCP in 2014 and whether they perceive their cases will be well received by the police. The study found that there was under-reporting of HCPI to the police by the respondents and 55.6% of the participants did not feel comfortable in doing so. However the 18.9% increase in report rates, compared to the results of the LCHP (2014) should not be disregarded. Nor that 44.6% of participants did feel comfortable reporting to the police. The improvements upon comfortability are difficult to distinguish due to the differences in the questions between this study and LHCP (2014). The current research project found more Trans reported incidences to the police since 2014. This implies there is increased satisfaction from the TC towards the police, which has led to reporting.

Under-reporting of HCPI may have increased since the death of Thompson, Latham and Swift within the UK's prison services, a place responsible for keeping 'prisoners safe and to protect and support those with particular vulnerabilities' (PPO, 2017, p1). The deaths indicate the lack of care that society holds for the TC. This is further supported by Urwin, who highlighted that 'lack of visibility and acceptance in society' (Strudwick, 2014) increases the risk of suicide (McNeil et al, 2012). This increases the feeling of 'othering' within the TC therefore feeling unaccepted by society (Walters and Paterson, 2016). These events, from a Trans' perspective, may represent how their community is valued in society and by extension the CJS. Hence a reduction in reporting, may not be due to the way police handle Trans HCPI, but due a heightened sense of being under-valued and at risk of mistreatment. 66.6% of the respondents did report HCPI, but not to the police. In addition, the UK's EU referendum could be responsible for a decrease in reporting. This is reflected within the Action Plan of 2016; "The publication of this plan comes at a time when we are seeing an increase in reports of hate crime. In the days after the EU referendum... targets of abuse and representatives of other... communities have reported anxiety about a climate of increased hostility towards people..." (Home Office, 2016, p1).

It is paramount to build community cohesion and provide better diversity training to produce human empathy, in the hope of increased reporting to the police (Trickett and Hamilton, 2015). As if this goes unchanged and HCPI go unreported, “the bullies, bigots and thugs will feel their behaviour is totally acceptable and that they can continue to abuse people” (Stamp it out, 2014).

In conclusion, evidence from this study shows some progress towards community cohesion is being made between the Trans Community, the police and the CJS. Responses indicate an increase in reporting incidents when compared to the LHCP. What is of potential concern, given the protection of legislation, a seeming shift towards acceptance of TC in media portrayal and the outcry towards the CJS for Trans suicides in the penal system, is the increase of reported HCPI. This could reflect an increase of reporting rather than an increase in incidences, despite a significant proportion of the TC not feeling comfortable reporting to the police. Circumstantial evidence suggests a climate shift in society post the EU Referendum towards a lack of tolerance and an increase in all hate crimes. Regrettably this may create a setback in acceptance of the TC in society and a need to develop an understanding of the issues.

Further action on suggestions made by the police in Trickett and Hamilton’s (2015) study, to gather police and Trans victims together to discuss how previous cases were handled and where improvements could be made, would facilitate change. Ethical research necessitates particular care when working with vulnerable people, especially where there higher incidences of mental health. To truly understand the complexity of needs of people in this community and therefore create acceptance, further research should be carried out by practitioners who can support Trans in answering sensitive questions. This would enable a full picture to build awareness, tolerance and support.

Although research and understanding is essential for implementing appropriate and effective POP, it is also important that there is stricter enforcement and more awareness of the Equality Act, 2010 and Public Order Offence, 1986, to ensure the TC and the general population know what constitutes a hate crime (Galop, 2011). From this, reports should be taken seriously, with perpetrators charged and prosecuted. This would demonstrate a zero tolerance attitude towards HCPI by the police and CJS and would hopefully make society increasingly aware that HCPI is unacceptable.

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Appendix 1: Participation information document

Participant Information:

Thank you for agreeing to consider participating in this research project. Before deciding whether to complete my questionnaire, I feel it is important that you understand the reason why the research is being conducted, and what your participation will involve. I would be grateful if you would take the time to read the following information carefully and discuss with your family or friends or the organisation you are associated with if you wish. Please do not hesitate to contact me if any of the information is unclear or you wish to discuss your participation in this project.

What is the purpose of the study?

This study is primarily concerned with gaining an understanding of the experiences of Trans people as victims of Trans Bias, Prejudice and/ or Hate Crime. I will be conducting a multiple choice questionnaire with people from the Trans community. The study has been designed in order to gain an understanding of how often TBPHC occurs in hopes to identify strategies to reduce TBPHC and make Trans feel more comfortable reporting.

Who is running the study?

The project is being conducted by me, Lucy Pannett, for my final year undergraduate dissertation. My project supervisor is [REDACTED] Please see the Contact details below.



Why have I been chosen to take part?

You have been selected to participate in my questionnaire, as I believe your experiences as a Trans individual or trans family member will be invaluable for my research, giving a chance for your voice to be heard.

Do I have to take part?

No, your participation in this research is entirely voluntary. You can also withdraw from the study either by contacting me before completing the questionnaire, half way through completing the questionnaire, or withdrawing your data after the questionnaire has been collected and before the deadline date of [27/02/2017].

If you do decide to take part, I ask that you read and fully understand the information on this sheet and sign and complete the informed consent form.

If you decide not to take part in the research, you will not be asked to give any explanation for your withdrawal.

What do I need to do?

I would like you to take part in the questionnaire that should take around 10 to 15 minutes to complete, you can complete this within your own time, at your own place and wherever you feel safest completing this, however the questionnaire will need to be completed by the 27/02/2017. As part of the informed consent, I will ask your permission to use the data from the questionnaire within my research.

Do I have to answer all of the Questions in the Questionnaire?

If you are unsure about any of the questions, please contact me to discuss them further, or ask your organisation to contact me for explanation.

In addition to this, if you feel uncomfortable whilst completing this, you may refuse to answer, or give no answer, then you can continue on to the following question.

What will happen to the information I provide in my Questionnaire?

The data from your questionnaire will be analysed. This information will then be incorporated into the findings and conclusions of the research. All questionnaires and data will be kept on a private laptop, in encrypted files and on an external hard drive. The laptop and any hard copies of data will be kept in a locked cabinet within my secure home to ensure data's security.

At the end of the study and after my graduation from NTU the data will be destroyed in a secure manner.

How will the research team protect my confidentiality and anonymity?

All questionnaires will be fully anonymised and will be kept in a secure location at all times. Only I

e

and my research supervisor will have access to these documents and questionnaires. You will not be named or otherwise identified in any publication arising from this research.

I will ask you for a "username" that I can use if you wish to withdraw, just email your username and your data will be destroyed. Please remember this name.

What are the possible risks/disadvantages of taking part?

You may be emotionally triggered by some of the questions, as some questions ask about previous experience of TBPHC. As well as this I have asked majority multiple choice questions so you do not have to go into great depth about your experiences, thus hopefully reducing that risk. However, as outlined above, any information you do provide will be kept anonymous and secure. In addition, you can choose not to answer any of the questions or withdraw your data at any time until the final date specified for withdrawal of data. As well as this another disadvantage would be time taken to answer the questionnaire.

What are the possible benefits/advantages?

I hope that you will find the questionnaire interesting, and will take satisfaction from helping to develop a greater understanding of TBPHC. I also hope that you will find the research beneficial to your community and feel that your voice has been heard and listened to.

What will happen to the results of the research?

I will write up the results of the project for my final year dissertation. The results of the study can be made available to you as a report, upon request, when the research is completed.

How can I find out more about this project and its results?

For more information about the project please do not hesitate to contact me or my research supervisor.

Has the study been reviewed by anyone?

The research has been subject to ethical approval by the University's School of Social Sciences Research Ethics Committee. It has been designed with reference to the British Criminological Society's code of ethics.

Who is responsible for the study?

I will be responsible for the conduct of this research.

Contacts and further information

Please feel free to contact me or my research supervisor:

This questionnaire is designed to gain an understanding of the experience of the Trans community and bias, prejudice and/or hate crimes against them.

*Required

Appendix 2: Informed consent form and username question

1. Informed Consent Form for NTU Undergraduate Project. I consent to participate in this study(?) *

The purpose of the research is to gain an understanding of how often Trans bias and prejudice (TBP) occurs, within the Criminal Justice System, police services and prison services, to identify why this occurs and to propose potential solutions to reduce this from occurring in hopes to make the Trans community feels safer but without stereotyping. You are being asked to participate in a multiple choice questionnaire taking approximately 10 to 15 minutes to complete. The questionnaire will consist of a number of questions about your experiences of TBP, experiences reporting TBP and with your consent use the data provided within the questionnaire within the research project proposed. Please email the researcher if you wish to withdraw at any point or not answer all the questions. Your participation in this research is entirely voluntary and you may refuse to answer any of the questions or withdraw your questionnaire at any point up until the 27/02/2017. Your name and personal information will not be connected to your responses. Information that would make it possible to identify you will not be included in the report. The data will be accessible only to me and my research supervisor. Your data will be kept in a secure location and stored as encrypted files. Statement of Consent: I have read the information above and understand the purpose of the research and my part in it. I have asked any questions I had regarding the interview procedure or research and they have been answered to my satisfaction. I understand that I have the right to withdraw my data during the questionnaire or after the questionnaire until the [27/02/2017]. I consent to participate in this study:

Mark only one oval.

Yes

No

2. Please Give a Username; a memorable word and number (i.e Beans3) *

This is in case you wish to withdraw your questionnaire response. (See Participant Information Form for further details)

Appendix 3: Online questionnaire

3. 1. How old are you?

Mark only one oval.

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

4. 2. What do you identify as?

Mark only one oval.

- Bi-gendered
- Cross Dresser
- Gender Queer
- Transgender (Transitioned/ full time)
- Prefer not to say
- Other: _____

5 3. What is your sexual orientation?

Mark only one oval.

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Asexual
- Pansexual
- Undecided
- Prefer not to say
- Other: _____

6. 4. What is your Race/Ethnicity?

Mark only one oval per row.

	Select Relevant
White British	<input type="radio"/>
White Irish	<input type="radio"/>
White European	<input type="radio"/>
Black British	<input type="radio"/>
Black Caribbean	<input type="radio"/>
Black African	<input type="radio"/>
Asian British	<input type="radio"/>
Asian Background	<input type="radio"/>
European Roma	<input type="radio"/>
Middle Eastern	<input type="radio"/>
White and Black Caribbean	<input type="radio"/>
White and Asian	<input type="radio"/>
White and Black African	<input type="radio"/>
Other Ethic Affiliations	<input type="radio"/>
Prefer not to say	<input type="radio"/>
Not Stated Above	<input type="radio"/>
Other	<input type="radio"/>

7. 5. What is your religion?

Mark only one oval per row.

	Select Relevant
Christianity	<input type="radio"/>
Islam	<input type="radio"/>
Hinduism	<input type="radio"/>
Sikhism	<input type="radio"/>
Judaism	<input type="radio"/>
Buddhism	<input type="radio"/>
No Religion/ Atheist	<input type="radio"/>
Prefer not to say	<input type="radio"/>
Other	<input type="radio"/>

8 6. Do you consider yourself to have a disability or suffer from a disability?

Mark only one oval per row.

Select Relevant Options	
Do not suffer	<input type="radio"/>
Mental Ill- Health	<input type="radio"/>
Physical Disabilites	<input type="radio"/>
Learning Disabilities	<input type="radio"/>
Other	<input type="radio"/>
Prefer not to say	<input type="radio"/>

9. 7. Have you experienced any form of victimisation, bias, prejudice and/or hate incidence/crime?

Mark only one oval.

- Yes
- No

10. 8. What forms of hate or bias crime have you experienced and how frequently have you experienced these? *

Mark only one oval per row.

	Every day	Regularly	Occasionally	Once or Twice	Never	Do not Know	Prefer not to say
Verbal Abuse	<input type="radio"/>						
Physical Abuse	<input type="radio"/>						
Harassment	<input type="radio"/>						
Vandalism of Your Property	<input type="radio"/>						
Cyber-bullying	<input type="radio"/>						
Sexual Abuse/ Violence	<input type="radio"/>						
Other Discrimination Towards You	<input type="radio"/>						

11. 9. Where have you experienced these hate, bias or prejudice incidences or crimes?

Mark only one oval.

- Public Park/Street
- Near Your home
- In the City Centre
- School or College or University
- In Your Home
- Online/Text Messages
- Bar or Pub or Club
- At the Work Place
- On Public Transport
- Other: _____

12. **0 What have you done, changed or adapted to make yourself feel safer?**

Mark only one oval.

- Avoided areas at certain times of the day
- Improved personal security (I.e. Rape Alarms) and/or at home
- Changed your appearance or choice of dress
- Changed contact information
- Changed or Stopped using social media
- Moved area or home
- Left place of employment
- Changed School, College or University
- Stopped or avoided using Public Transport
- Avoided being in public on your own
- No changes/adaptation made
- Other: _____

13. **11. Did these hate, bias or prejudice crime incidences harm you emotionally or physically affected you?**

Mark only one oval per row.

	Select Relevant
Became Less Trusting	<input type="radio"/>
Hide Your Identity	<input type="radio"/>
Made you upset	<input type="radio"/>
Gave you anxiety	<input type="radio"/>
Made you feel vulnerable	<input type="radio"/>
Became Fearful	<input type="radio"/>
Made you depressed	<input type="radio"/>
Made you resort to use of drugs/Alcohol	<input type="radio"/>
Made you move	<input type="radio"/>
Caused family distress	<input type="radio"/>
Made you Feel Suicidal	<input type="radio"/>
None of the above	<input type="radio"/>
Other	<input type="radio"/>

14. **12. What relationship do you have with the offender/s?**

Mark only one oval.

- Family
- Close Friendship/ Relationship
- Acquaintance
- Colleague/s
- Stranger/s
- Other: _____

15 3 Have you reported these experiences?

If No please go to Question 17. If Yes continue on to question 14. Thank You.
Mark only one oval.

- Yes
- No

16. 14. If YES, Who did you report the incidents to?

Mark only one oval.

- The Police
- School
- Transgender/ LGBTQ+ Organisations
- The Council
- A Medical Professional
- Victim Support
- Other: _____

17. 15. Did you feel comfortable reporting to the Police?

Please Briefly Explain you answer
Mark only one oval.

- Yes
- No

18. Briefly explain your answer to Question 15

19. 16. How was the service the police provided when reporting?

Mark only one oval per row.

	Select Relevant
Highly Satisfied	<input type="radio"/>
Great	<input type="radio"/>
Good	<input type="radio"/>
Ok	<input type="radio"/>
Poor	<input type="radio"/>
Very Poor	<input type="radio"/>
Completely Unsatisfied	<input type="radio"/>

20 7 If you did not report to the police, why?

Mark only one oval per row.

Select Relvant

Fear from offender	<input type="radio"/>
Did not believe it would be taken seriously	<input type="radio"/>
Do not think the police could do anything	<input type="radio"/>
Embarrassed	<input type="radio"/>
Dislike or fear the police	<input type="radio"/>
Previously had have bad experiences with the police	<input type="radio"/>
Prefer not to say	<input type="radio"/>
Not stated above	<input type="radio"/>

Thank You for Participating!

Here are some contacts if you have been affected by any issues discussed in this Questionnaire:

Report to the Police - 999 or 101 (if feeling comfortable to.)

If you do not feel comfortable to do so, here are some alternative support:

Nottinghamshire Victim Care on 0300 303 1967, lines are open Monday to Friday 8am-8pm, and Saturdays 9am-5pm. If you need support out of hours you can call 08 08 16 89 111

A local support group within Nottingham: <http://www.nottinghamchameleons.co.uk/contact-us/>

Call 0800 555 111 for Crime Stoppers

Stop Hate UK, which offers a 24hr support helpline

Website: www.stophateuk.org

Stop Hate UK
PO Box 484
Leeds
LS7 9BZ

0800 138 1625 - 24 hour helpine

0113 341 0396 - Fax

07717 989 025 - Text

Email: talk@stophateuk.org

North America:

<https://www.translifeline.org/>

<http://www.thetrevorproject.org/>

International Suicide Hotlines:

<http://suicide.org/>

Appendix 4: Email correspondence on Trans terminology

(Anonymity was applied here to protect the organisation, participants and the correspondent)

It was a bit of a slog, but I think we made it to February ;-)

A few questions, if I may.

1. Can the consent form be built into the questionnaire, please?

2. Terminology. You currently have:

Transgender Female

Transgender Male

Transvestite

Transexual

Intersexual

Transitioning

Prefer not to say

Female

Male

It's a bit of a mix and may confuse people. How about:

Where do you think you fit in the trans* spectrum?

Transgender (transitioned / full time)

Cross dresser

Bi-gendererd

Gender queer

Prefer not to say

Other (please specify)

If you sorted them alphabetically, there can be no complaints about heirachy ;-)

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