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Exploring the intersection between hateful extremism and COVID-19

A qualitative study of public attitudes, experiences, perceptions and beliefs

Prepared for the Commission for Countering Extremism

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Contents

Executive summary

The Commission for Countering Extremism (CCE) commissioned Ipsos MORI in July 2020 to undertake primary qualitative research with the general public in England and Wales. The overarching aim of the research was to explore the range and nature of attitudes, beliefs, false narratives and experiences that sit at the intersection of hateful extremism and COVID-19 among the public. The qualitative fieldwork took place between 27th July and 10th August 2020 and involved a total of eight online focus groups and ten in-depth interviews across Britain.

The CCE provided Ipsos Mori with a summary description of hateful extremism from the 2019 report *Challenging Hateful Extremism*:[1]

- Behaviours that can incite and amplify hate, or engage in persistent hatred, or equivocate about and make the moral case for violence;
- And that draw on hateful, hostile or supremacist beliefs directed at an out-group who are perceived as a threat to the wellbeing, survival or success of an in-group;
- And that cause, or are likely to cause harm to individuals, communities or wider society[2]

Key findings set out in this report relating to this include:

- **The pandemic created conditions for amplification of hateful extremist narratives.** Participants expressed multiple grievances they had experienced over the pandemic at the time of fieldwork. There were general feelings of fear, anxiety and uncertainty – both about their personal health, wellbeing and financial situation, but also for society as a whole. These are the types of emotions and experiences that could be exploited by hateful extremists seeking to transfer fears and frustrations onto targeted 'other' individuals and groups.

- **Us vs them.** Participants were generally understanding and positive towards others, but there was an acknowledgement that the pandemic had created greater social divisions. Negative perceptions towards others was often rooted in a comparison between what participants felt they themselves were doing (following social distancing rules) vs what some others were doing (not following the rules). Generally, any sense of frustration or blame felt by participants was said to be directed at "individuals" rather than generalised to any particular group and a common theme was for participants to reiterate this. However, for some, these frustrations were more likely to be levelled at particular groups (including religious and ethnic minorities). Some of these narratives mirrored those spread by extremist groups during the pandemic and could suggest the pandemic may have accentuated factors that extremists could potentially exploit.

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[1] Since the period of data collection the CCE has put forward a new working definition of hateful extremism as is found in their 2021 report Operating with Impunity. See: Commission for Countering Extremism (2021), 'Operating with Impunity – Hateful extremism: The need for a legal framework', (accessed: March 2021),
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963156/CCE_Operating_with_Impunity_Accessible.pdf. The new working definition of hateful extremism is: "Activity or materials directed at an out-group who are perceived as a threat to an in-group motivated by or intending to advance a political, religious or racial supremacist ideology: a). To create a climate conducive to hate crime, terrorism or other violence; or b). Attempt to erode or destroy the fundamental rights and freedoms of our democratic society as protected under Article 17 of Schedule 1 to the Human Rights Act 1998 ('HRA').

[2] Commission for Countering Extremism (2019) 'Challenging Hateful Extremism' (accessed: 10 November 2020),
https://www.gov.uk/government/publications/challenging-hateful-extremism

- **Blame around the spread of the virus.** Negative perceptions towards others (including religious or ethnic minorities) were often rooted in a belief that these groups were spreading COVID-19 or spreading by inaction; failing to follow the rules; or spreading through perceived cultural factors (such as living in larger households). Although rare, where there was blame placed on religious or ethnic minorities, this was complex and nuanced in nature.

- **Medical and health conspiracy theories were rife.** Participants were very uncertain about the origins of COVID-19 and this had arguably created a vacuum for conspiracy theories, health disinformation and negative narratives about Chinese people. There was a high level of exposure to many different types of origin stories. In addition, often the same individuals would cite their belief in multiple types of conspiracy theories, which suggests that there may be types of disinformation about COVID-19 that can act as a gateway to beliefs in other types of disinformation.

- **Exposure to hateful or extremist narratives highlighted resilience.** Exposure to more hateful or extremist narratives was uncommon. However, there was strong evidence that many participants were able to show resilience, or even offer counter-narratives, in response to disinformation about religious and ethnic minority groups they had been exposed to – particularly negative narratives about Chinese people and/or perceptions that certain ethnic or religious groups were contributing to the spread of COVID-19. Participants expressed concern about conspiracy theories and the potential for hateful extremism, with some fearing that responses to the virus had resulted in a "step back" in progress to countering racism.

- **Significant nuance around "buy in" to blame narratives.** Where there was an element of buy-in to conspiracy theories or more hateful narratives, there was clearly nuance around to what extent participants believed in what they had seen. Those who did propound these theories would often be uncertain about how much they subscribed to them – for example, some expressed they know these narratives need to "be taken with a pinch of salt."

1 Introduction

Ipsos MORI were commissioned by the Commission for Countering Extremism (CCE) in July 2020 to undertake primary qualitative research with the general public in England and Wales, regarding attitudes, beliefs, false narratives and experiences that sit at the intersection of hateful extremism and COVID-19. This report presents the key findings from this qualitative exploration of attitudes amongst the general public across England and Wales.

1.1 Background

Since February 2020, multiple publicly available sources have highlighted concerns that extremist groups and individuals are seeking to exploit the COVID-19 pandemic. There is evidence that extremist groups and individuals have promoted a range of hateful extremist narratives designed to foster hate, and in some cases, encourage hateful, harmful and violent behaviours.[3]

Although the promotion of extremist propaganda and content does not mean that people will necessarily be persuaded or influenced, the unique circumstances presented by the global COVID-19 pandemic may present extremists with more opportunities to propagate extremist narratives to vulnerable groups and influence wider society. Since March 2020, several key protective factors that can support vulnerable individuals, such as school or work, have been partially or entirely removed for many people as a result of varying levels of social distancing measures introduced by Government. The population, and particularly young people, are spending more time at home and online.[4] This is potentially a vulnerability factor in a context where social media is likely to be one of the main sources of COVID-19 related information for the public.[5]

Alongside this, increased amounts of false or misleading information have been detected online, spread throughout the same channels.[6] Exposure to this information may enhance actual and/or perceived grievances and harmful misperceptions. Evidence of the real-world effects of deliberately shared false information (disinformation) in the context of COVID-19 include the burning down of 5G communication masts and increases in hate crime against people from south-east Asian backgrounds.[7]

Currently there is a lack of focused research around COVID-19 in relation to hateful extremism, both in terms of attitudes held by the public, but also the scale and level of disinformation they are exposed to. The CCE commissioned research to gain a more comprehensive and nuanced understanding of the intersection between COVID-19 and hateful extremism amongst the general public in England and Wales.

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[3] Institute for Strategic Dialogue (27 March 2020), Covid-19 Disinformation Briefing No.1, (accessed: June 2020); Tony Blair Institute (9 April 2020), Snapshot: How Extremist Groups are Responding to Covid-19, (accessed: June 2020), https://institute.global/policy/snapshot-how-extremist-groups-are-responding-covid-19-9-april-2020

[4] Griffin, A (25 March 2020), 'UK coronavirus lockdown has led daytime internet usage to more than double, Virgin Media says', Independent, https://www.independent.co.uk/life-style/gadgets-and-tech/news/coronavirus-uk-lockdown-internet-broadband-wifi-virgin-usage-traffic-data-a9424441.html,

5 Farooq, A, Laato, S & Islam, N (2020), 'Impact of Online Information on Self-Isolation Intention During the COVID-19 Pandemic: Cross-Sectional Study', Journal of Medical Internet Research, Vol.22, No.5.

[6] Institute for Strategic Dialogue (27 March 2020), Covid-19 Disinformation Briefing No.1 (accessed: June 2020)

[7] Mercer, D (5 May 2020), 'Coronavirus: Hate crimes against Chinese people soar in the UK during COVID-19 crisis', Sky News, (accessed: June 2020) https://news.sky.com/story/coronavirus-hate-crimes-against-chinese-people-soar-in-uk-during-covid-19-crisis-11979388

1.2 Objectives

The overarching aim of the research was to identify the range and nature of attitudes, beliefs or false narratives amongst the general population and identified sub-sets, in relation to the intersection between COVID-19 and hateful extremism. Within this, the research was focused on answering the following research questions:

- **What are the range and nature of perceptions, beliefs and attitudes** about COVID-19 that the general public in England and Wales holds and/or has been exposed to?

- **What factors may make people more vulnerable** to misunderstanding or to hateful extremist false narratives (in general) and relating to COVID-19?

- **What impact** has some of the main hateful extremist narratives and ideas around COVID-19 had on the general population?

2 Methodology

A total of eight focus groups, each comprising between 5-7 participants, were undertaken with the general public in locations spread across England and Wales. In addition, a further ten in-depth interviews with individual members of the public across Britain were conducted. Due to restrictions with face-to-face contact during the pandemic, all groups and interviews took place in an online setting, via a secure shared virtual platform. Fieldwork took place between 27th July – 10th August 2020.

2.1 Sampling and recruitment

To gather views and opinions from a broad range of the general public in England and Wales we held eight focus groups[8] with the general population (gen pop), two of which were with young people (16-17 years and 18-21 years) and two were focused specifically on participants from ethnic minorities. This helped ensure a diverse representation of the public and sought out the perspective of potentially marginalised groups. Alongside this there were ten in-depth interviews with three victims of hate crime or hate incidences and seven interviews with those who were screened for potential receptivity to hateful extremist narratives, and the details of definitions are outlined below.[9]

For the general population focus groups participants were screened to ensure a mix of ages, gender, ethnicities, education levels, employment and location. While it is not possible to match small groups to be representative of the area, we set minimum quotas on these demographic variables in order to achieve a broad range of people within each group. The locations were chosen to reflect a broad geographic spread in order to capture any nuances in attitudes across the country, but also designed to make it easier for participants to build rapport and share common experiences about their local area. Further details of the exact locations used can be found in the Appendix. Within each group, we further monitored whether individuals lived within urban, suburban or more rural areas surrounding the city or town. The only exception to this was the general population group in Leicester, where, at the time of fieldwork, the first and longest localised lockdown was in place.[10] Participants were therefore only recruited from within the city to get an insight into any potential impact of these measures.

Key sampling criteria for the focus groups included:
- All participants must read, watch or listen to news about current affairs and politics at least weekly via any platform. This was important due to the nature of the discussion which explored topics such as disinformation (defined as false information intended to mislead) and hateful extremist narratives in the news/online
- At least 2 males and 2 females per group.

For monitoring purposes, we also asked for the following information:
- Religion
- Political orientation
- Sources used for information on news and current affairs.

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[8] (Total number of participants=45)

[9] The screener questions included topics which extremists can seek to distort and manipulate to spread their rhetoric. There is no suggestion that interviewees themselves are extremists or adopt extremist positions.

[10] Department of Health and Social Care (30th June 2020), 'Leicestershire coronavirus lockdown: areas and changes', (accessed: August 2020) https://www.gov.uk/government/news/leicestershire-coronavirus-lockdown-areas-and-changes

To explore perceptions and attitudes of key groups of interest in further detail, we carried out in-depth interviews. Victims of hate crime or incidences were recruited based on their experiences since late February (the start of the pandemic).

For victim eligibility, we set quotas on the following:

- Aged 18+ years
- At least 1 male and 1 female
- 2 identifying as British Chinese and 1 as Jewish or Muslim
- Had experienced a hate crime or hate incident since late February, either face-to-face or online.

In addition, we sought to recruit individuals who could have potential receptivity to hateful extremist narratives. To do this, we asked screener questions that included topics which extremist groups can seek to distort and manipulate and focused on speaking to people from different demographics and political leanings. We did not fix demographic quotas but rather monitored these to ensure that we achieved a diverse sample.

Key screening criteria for potential receptivity to hateful extremist narratives included:

- Aged 18+ years
- At least 1 male and 1 female
- All participants must read, watch or listen to news about current affairs and politics at least weekly
- Recording a minimum score on a battery of scaled questions asking about the following:
    - Being uncomfortable with people from another ethnic group in different settings
    - Negative views towards the contribution of UK immigration
    - Negative views on diversity and multiculturalism in the UK
    - Negative views on religious minorities
    - Negative views on political correctness
    - Low levels of trust in other people; academic, health and/or other experts; the UK government as an institution; and traditional news outlets.

These battery statements were selected based on a short, standalone evidence review of the current literature that sets out some of the general attitudes that could be linked to more hateful extremist views.

Full details of the sampling profile for this research can be found in the Appendix (Section 9).

2.2 Ethical considerations

Given the potentially sensitive nature of the subject matter, this research went through an independent in-house review of our research and recruitment approach. Within this, a member of the Public Affairs Ethics Committee provided additional considerations and recommendations that were incorporated into our design and materials before commencing fieldwork. Some of the key ethical considerations for this research included:

- Those screened as potentially having more receptivity to hateful extremist narratives and hate crime victims were recruited for individual interviews, as opposed to focus groups, to minimise the potential for upsetting or offensive interactions between participants.

- An information sheet and consent form were sent to all participants prior to the interview, to ensure participants gave fully informed consent to take part.

- For the 16/17-year-old group, a staff member from both the Department for Education and local authority attended. Both had experience of teaching or interacting with young people and offered to facilitate any questions or concerns that participants had.

- As part of the fieldwork materials, all participants were given a leaflet with details of relevant support organisations, in the event that anything discussed had caused upset. Within this leaflet, there was also a short proforma provided in case participants wished to leave feedback or make comments that they didn't feel comfortable expressing during the interview.

- All participants were also made aware of Ipsos MORI's disclosure policy (which states that the research moderator has a duty to disclose any illegal or harmful acts that suggest a participant or someone else are at immediate risk of harm).

- The structure of the focus groups and interviews were carefully designed to ensure that there was time at the start for the researcher to ask warm up questions. Interviews and groups were flexible in design to allow participants the space to take a break during the discussion if required. Questions asked by the researcher were open and non-leading – no extremist views or conspiracy theories were prompted.

2.3 Interpretation of the data

When analysing the findings, there are several considerations that need to be taken into account:

- Qualitative research is designed to be illustrative, detailed and exploratory. It offers insights into the perceptions, feelings and behaviours of people rather than quantifiable conclusions from a statistically representative sample (which would need to be assessed using a survey method). Therefore, the results should be interpreted as such. It is also important to remember that even though some perceptions may not be factually accurate, they represent the participants' belief(s) and as such, are vital in understanding their attitudes and views.

- The tendency of research subjects to respond in a way they believe is more socially desirable or acceptable rather than choosing responses that are reflective of their true thoughts. This is called 'social desirability bias' and must be factored in when discussing sensitive subjects within focus groups, particularly when asking them to give their views on different groups in society. Similarly, some participants were clearly uncomfortable talking about more sensitive or controversial topics, although this was mitigated to an extent by interviewing those screened as having potential receptivity to hateful extremist narratives and hate victims as individually.

- The impact of the timings of the groups and interviews is another important factor to consider. During the pandemic there has been an ever-changing social landscape, and therefore topics discussed tended to reflect the most prevalent issues during that time. For example, the research took place just at the start of some localised lockdowns and guidance around facemasks being worn coming into force, and therefore these were topics that were often discussed by participants. On the contrary, the fieldwork was completed just before news stories about migrant crossings, which may have subsequently been likely to have an impact on the types of narratives participants had been exposed to.

- In order to explore possible hateful extremist narratives seen or held by participants, experienced Ipsos MORI moderators used gentle prompts, where necessary. Ultimately this research was designed to be exploratory, and therefore moderators took care to ensure prompts were not leading in anyway but utilised to examine any narratives mentioned by participants.

3 Attitudes and experience of the pandemic

This first section discusses the broad range and nature of perceptions, beliefs and attitudes about COVID-19 held by participants. This provides valuable insight into the context and conditions under which people may be exposed to or influenced by hateful extremism during the coronavirus pandemic.

Participants expressed a range of experiences and attitudes during the first lockdown and subsequent period until the time of fieldwork in July and August 2020. Those we spoke to shared similar emotional experiences of the pandemic at the start of the lockdown, describing a feeling of fear, but also a sense of togetherness and community. However, some subsequently described increased uncertainty, anger and frustration as the impact of the pandemic took its toll on society. These types of heightened emotions, coupled with perceived or actual reductions in quality of life (particularly due to financial or social circumstances), could potentially open the door to a "blame culture". Participants acknowledged a sense of increased division, and a perception that people were increasingly disagreeing with each other over specific public issues. Indeed, there was emerging sense of an "us and them" culture, with participants grouping those who they felt didn't sufficiently follow social distancing rules as separate and/or inferior.

Participants also gave mixed views on the UK government's handling of the coronavirus pandemic. While some expressed understanding that the unprecedented situation would be tough for any government, others were more critical. A few participants voiced a strong anti-government rhetoric, which was sometimes directly influenced by the perceived handling of the pandemic. This discontent, and often distrust, in government and wider experts could present a potential for a greater reliance on unofficial sources of information.[11]

3.1 Experiences of the pandemic

Understanding a range of feelings and experiences of the pandemic is important context to the perceived emergence of "blame culture" around the spread of COVID-19; whereby certain types of people were deemed to be at fault for spreading the virus, which was not evidenced by the scientific consensus.

Participants across all groups shared similar general feelings about the pandemic. Many recounted feelings of fear and panic at the start of the first lockdown in March 2020, sometimes triggered at a particular point in time by events such as Prime Minister Boris Johnson MP falling ill, or stories about the mounting deaths in care homes. The virus had caused some participants to feel very isolated and resulted in a perceived worsening of mental health. Emotional grievances and increased feelings of isolation such as this can accentuate factors that extremists could potentially exploit, as explored in Section 6.

There was an evident shift in emotions as time had gone on and the lockdown had begun to ease at the time of fieldwork (in summer 2020). This played out in differing ways across participants. There were those who said they now felt confusion or uncertainty about the virus more than a sense of fear. This was often rooted in a feeling that society was at a transitional period of the pandemic, as well as concerns about the future of the economy, employment rates and working habits. Others voiced that they had become less worried over time about the real threat of the virus, particularly because cases and

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[11] Information sources not from established government, scientific or research institutions or from online or printed newspapers or broadcast news.

deaths had gone down, or they had experienced that resuming normality hadn't led to the negative consequences they had originally feared.

"Any shopping, I would come with the wipes, and everything like that. However, after two, three months, I started going out to meet my friends, went to my place of work... after a while, more, I went out, it was fine. Now, I don't even bother wiping, because everything's so easy."

Focus group participant, ethnic minority, Greater London

Conversely, other participants expressed continued concerns about coronavirus. These participants felt that some people had become complacent and this was risking a second spike or wave of the virus. For these participants, emotions had changed from general fear to primarily anger or frustration with the actions of others.

3.2 Impacts of the coronavirus pandemic on society

3.2.1 Negative impacts of the pandemic on society

Participants cited a range of negative impacts of the pandemic on different aspects of society. As well as concerns about physical health, participants felt lack of social interaction and a sense of isolation during the lockdown period had taken its toll on people's mental health. Others mentioned the economic strain of the virus at both a personal level and across the UK and were worried about the future. Again, these types of perceived or actual hardships are factors that hateful extremists may seek to exploit.[12]

Another important emergent theme was that people felt society had become more divided as a result of the lockdown. Some participants felt that the perceived strain on mental health had negatively influenced people's tolerance towards others. Others felt that the pandemic had exacerbated opposing views due to the sheer amount of information that was out there in the news or online, which often gave contrasting versions of events. Influenced by what people had read or believed, participants had witnessed passionate disagreement on specific issues, such as wearing facemasks, the current severity of the virus and the need for lockdown or maintaining social distancing. A few participants who had experienced hate crime, as well as across the general population groups, mentioned that differing interpretations of lockdown rules had compounded people's negative perceptions of particular groups (as explored further in Sections 3 and 6), prompting some degree of "blame culture".

"I feel like people have more hate towards each other now. Especially now I feel like they've been done with it. They don't want to handle people anymore. They don't want to act nice anymore. So, they just show their true colours in front of all people."

Focus group participant, Stoke-on-Trent

3.2.2 Positive impacts of the pandemic on society

Although there were very few "positive impacts" cited, some participants mentioned increased community cohesion or a sense of social resilience, particularly witnessed in the earlier stages of the first lockdown in Spring 2020. Some mentioned they had managed to spend more time with those they lived with and were enjoying the slower pace of life. Other participants referenced an increased community spirit, such as help groups created through Facebook in order to deliver goods to people shielding. A few felt that lockdown had actually presented greater opportunities to talk to people in their local area and

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[12] Bouhana. 2019. 'The moral ecology of extremism'; Hamid, N. (2020) The Ecology of Extremists' Communications: Messaging Effectiveness, Social Environments and Individual Attributes, The RUSI journal, 165(1), pp. 54-63.

NHS claps were seen to be a particularly unifying experience, something everyone could get behind or celebrate about the country at a difficult time.

There were some participants who felt that the whole country had felt a sense of unity during the height of lockdown, not just their local area. There was also a feeling amongst a small number of participants that the collective societal difficulties encountered during COVID-19 had led to thinking more about injustices in the world, and consequently more empathetic to the struggles of less fortunate or marginalised groups in society.

"People doing shopping for each other, especially for the elderly who couldn't go out. I feel that's probably one of the few benefits of the pandemic. It's brought the nation together, in some ways."

Focus group participant, ethnic minority, Greater London

3.2.3 Impact of the pandemic across society

While some participants felt the pandemic had affected all sections of society in some way and that everyone was in the same boat, others felt it had impacted particular groups more strongly than others. Groups that were deemed to have suffered more included the elderly or those shielding due to being clinically vulnerable. For some, this isolation was seen to be in stark contrast to younger generations who had begun to move back into some semblance of normality. However, others felt that young people had been particularly impacted due to the disruption to their education and the adverse effects on their job prospects. Those in front-line jobs were also deemed to have suffered more, as they were more in danger of contracting the virus, while those running small businesses or in hospitality were also seen to have suffered the most financially. Participants across a range of different focus groups also occasionally mentioned that ethnic minority groups had suffered more over the pandemic. These participants would sometimes refer to statistics or news stories they had seen and interpreted as reporting higher exposure, contract rates and death rates among ethnic minorities. Some participants had established a link between higher rates among ethnic minorities and the fact that they are more likely to be of lower socio-economic status, or in low-skilled public facing jobs. However, other participants contested this narrative and felt that all groups had an equal chance of suffering. This debate is explored further in Section 6 of the report in the context of emerging hateful extremist narratives.

"It's been on the news, the Asian and Black and ethnic minorities are suffering more. I think everyone is, it's not just the ethnic groups, not just the country, it's all around the world."
Focus group participant, Leicester

Conversely, those who could work from home, or in a stronger financial position were occasionally identified as either benefiting or at least suffering less from the pandemic. While there was little negativity towards these groups, there was a sense amongst some that the pandemic had exposed and exacerbated pre-existing social inequalities in the UK, by disadvantaging those with lower incomes, less stable or non-office jobs and those of ethnic minorities.

3.3 UK government handling of the coronavirus pandemic

Participants gave mixed views on the UK government's handling of the coronavirus pandemic. On the one hand, there were some feelings of sympathy towards the UK government in their response to the pandemic. There was a sense that the government were trying their best during unprecedented times, given they were tackling a new disease with very little intelligence on how to navigate the crisis. These participants also tended to feel the government had come under unfair criticism, or that the pandemic had been politicised from those wanting to take aim or "point score" against the Conservative party. In

addition, there were positive reactions to some of the government's economic measures over the pandemic. Participants felt the government had moved quickly with financial packages such as the furlough scheme.

However, there were also many criticisms levelled at the government response. These were often rooted in anger or discontent around the timings of decisions made by the government. Participants felt the UK had been too slow to move into lockdown compared to other countries, and this had led to the UK experiencing high numbers of deaths. When comparing countries such as New Zealand, South Korea and Germany, participants referenced the quality of the leadership, or timeliness with lockdown and other management strategies such as having an effective track and trace system. Participants also questioned some of the guidance given by the UK government, particularly around the easing of the first lockdown in Summer 2020 which was deemed by some to be confusing and contradictory, and some harboured questions around the motives of the government (e.g. easing lockdown for economic reasons over health). This direct questioning of the government's motives and distrust in the government to communicate truth could present a greater reliance on other unofficial sources (as explored in Section 4) which in turn could result in greater exposure to conspiracy theories around COVID-19.

"You know, they used to bring a different speaker out each day and I was okay with it. But it was watching these and as time went on, I thought, all they're doing is giving us statistics anyway. And then I started to stop believing what they were saying."

Interview participant, Greater Manchester

Participants who were highly critical of the government sometimes expressed a growing sense of distrust in the current UK government, government figures and leading scientists. Some participants mentioned they had seen stories on social media painting members of the government in a negative light or saying that official information could not be trusted, which had changed some views of the current leadership from being largely positive to more negative. Sometimes these perceptions could go one step further towards anti-establishment conspiracy theories, with participants mentioning the statistics used in briefings were inconsistent and cherry-picked, with some people feeling that official figures such as the death count had been either inflated or deflated intentionally to mislead the public or fit the government agenda. In addition, the incident in which Dominic Cummings allegedly breached lockdown rules by travelling to Durham, was deemed by some as a key moment in the lockdown. Some said this had marked a turning point in public adherence to the rules, but also the feeling that the government were not to be trusted or were hypocritical of their own rules.

"If he's [Dominic Cummings] not going to get reprimanded for it, then why should we listen to it? I think that, coupled with the George Floyd protests globally, people were standing up for a movement that was more important than health because it relates to life, really. So, yes, I think that, coupled with the Dominic Cummings thing, was a bit of, 'Yes, you know what? Enough is enough'."

Interview participant, victim, Greater London

A minority, mostly those who had been screened as potentially having more receptivity to hateful extremist narratives, expressed outright distrust in the daily government briefings on COVID-19 and this had led to scepticism towards policy decisions "guided by science", as well as the expertise of the leading scientists attending the briefings. This was characterised by the perception that messages from officials were often hypocritical, nonsensical, or not to be believed. This illustrates the potential link or escalation of distrust in official sources – with some evidence there was a wider distrust in expertise related to information about COVID-19.

3.3.1 Conclusions

The views expressed suggest the pandemic may have accentuated conditions and potential vulnerabilities which can amplify hateful extremist narratives Firstly, participants expressed fear and concern about the impacts of COVID-19 on society and there were many personal examples of emotional, financial and social hardships. In addition, although there were positive examples of community cohesion, participants were concerned about increasing divisions in society. These types of experiences and attitudes may provide hooks to hateful extremists seeking to exploit vulnerabilities during the pandemic. Secondly, uncertainty and anger directed at the current government and experts could sometimes indicate an erosion of trust in official sources of information on COVID-19. This, in turn, could suggest increased receptivity to disinformation on COVID-19, including narratives spread by hateful extremists.

4 Attitudes towards others in relation to the pandemic

This section builds on the previous findings, further exploring the range of attitudes around the pandemic, as well as how participant experiences and wider attitudes of the pandemic could be funnelled or directed towards other groups of people generally (unrelated to race or religion) regarding COVID-19. It therefore explores the extent of a blame culture, and anger towards others – both of which could be factors that hateful extremist groups could seek to exploit.

Participants sometimes expressed a sense of frustration that other people were not adhering to rules or were engaging in behaviour that could put themselves or others at risk, for example not following social distancing rules. Generally, these feelings were not levelled at specific groups in society and participants were often careful to discuss this behaviour as a decision made by the individual, with freedom of choice, rather than a social group they belonged to. However, there were examples of participants generalising or transferring negative perceptions onto whole groups in society – for example, certain age groups or genders – which they felt were not doing their bit to stop the spread of COVID-19 in the UK. In addition, negative perceptions towards other countries, particularly anti-US government sentiment, could merge into an "us and them" rhetoric, with participants expressing negative or pejorative views about US culture. These types of perceptions and beliefs mirror examples of more hateful and extremist narratives found among a range of participants, such as the belief that certain cultural differences or specific religious or ethnic minority groups were to blame for the spread of the virus in the UK. Findings here can provide further insight into the conditions under which these types of views can be formed.

4.1 Attitudes towards adherence to lockdown rules

Participants generally felt that they were personally doing their bit to help prevent the spread of the virus. However, this was sometimes in contrast to a perception that not everyone was taking lockdown rules and guidance as seriously. For example, participants mentioned feeling irritated at individuals choosing not to wear face masks in shops or on public transport. There were also concerns about mass gatherings, either on beaches, in parks, for VE Day celebrations or parties. Participants either recalled particular incidents in their local area or had seen videos and photographs of overcrowded parks and beaches on social media or in the news. A few said that they found the sacrifices or lifestyle changes they had made over the pandemic difficult to swallow when others were noticeably not following the rules as closely. In addition, there were concerns that these types of behaviours could lead to future spikes of the virus. Although this sense of frustration was rarely levelled at particular groups, this could manifest into feelings of animosity towards others in general. This type of negative sentiment could exacerbate conditions that hateful extremist groups could seek to exploit.

"It seems unfair if you're following the rules and then those people aren't, and it could be them that give it [coronavirus] to you when you've been doing your best not to get it or spread it. Seems so unfair, doesn't it?"

Focus group participant, ethnic minority, Greater London

4.2   Attitudes towards different groups

Attitudes towards groups in the UK

Where there were some perceptions of societal divisions, these were often broad-brush. Generally, there was a sense among those we spoke to that poor or risky behaviour often came down to individual choice and that specific groups could not be blamed for spreading the virus over others. Participants mentioned they had seen good and bad behaviour in people from all backgrounds and ages.

However, there were some groups perceived as being less serious about lockdown or COVID-19 or seen as painted in a bad light by the media. Young people were often cited as taking part in risky behaviour during the pandemic, such as holding parties (indoors and outdoors) and socialising in large groups. However, participants were quick to acknowledge that this view and behaviour was not exclusive to young people. When reflecting on their own experience of lockdown, they did not feel like young people had observed lockdown less strictly than other age groups and felt that the media had not portrayed them fairly.

"Teenagers are always the problem. However, I think there are plenty of people of all age groups who have broken some rules. I would say it's a very fair divide among all of the age groups, and you can't just blame one group of people. I think there are a lot of people who are following. There are a lot of people who aren't following."

Focus group participant, Stoke-On-Trent

Other, albeit less common, narratives included that elderly people and men were less likely to follow rules. Men were seen as potentially "less prepared" to deal with the virus due to perceived gender differences in cognitive ability to think and plan ahead. Whereas, participants felt elderly people could rebel against shielding rules if they viewed themselves as being tough and resilient. In addition, it was felt that government messaging for the elderly had been unclear.

Attitudes towards different countries

There were also repeated examples of negative perceptions towards other countries in relation to the pandemic, which could merge into an "us and them" rhetoric based on an assumption that certain identified groups pose a threat to an alternate group. Other than China (which is outlined further in Section 6), these views tended to focus on an anti-US narrative. The US Government was seen as handling the virus particularly badly and participants placed specific blame on the US government's attitude towards the virus. However, these negative perceptions could sometimes merge into stereotypes about the US and Americans being more arrogant, nationalistic and more concerned with money than welfare. Usually this was done in a way that was more ethnocentric of British values than hateful of American culture, but there was also the suggestion that the response in the US had made participants reassess their feelings towards the US or had exacerbated existing negative sentiment.

"And a lot of, I think the Americans are very, some of them are very, very ignorant still. And I think that's why it's not doing really well. And because the Americans have been always under this false thinking that they are better than any other country, they are bigger, stronger, they have the world powers."

Interview participant, victim, Greater Manchester

In a somewhat similar vein, COVID-19 brought up negative feelings about the Russian government. However, in comparison to the US, it was clear that participants did not hold Russia to the same standards. Russia was already perceived as a generally untrustworthy and secretive country, and as a

result, participants were less surprised or angered by their response to the pandemic. Participants made references to the recent cyber-attacks on Oxford's COVID-19 vaccine research, in addition to the beliefs of Russian interference in the previous Salisbury poisonings, US Power Plant hackings and spreading false information online more generally. These events had contributed to a sentiment that the Russian government can't be trusted, and participants were suspicious about any claims made by Russia about how they have handled its outbreak of COVID-19.

4.2.1 Conclusions

There were indications from the research that the grievances expressed in the previous section could provide conditions for "othering" – with participants transferring fears and frustrations onto groups in society that were seen as different from themselves. These negative perceptions were often rooted in a comparison between what participants felt they themselves were doing during the pandemic (following the rules) versus what others were doing. Transference of blame through similar or associated narratives could be utilised or exploited by hateful extremists.

5 Information consumption during the pandemic

This section examines how participants interacted with information about the COVID-19 pandemic and explores the extent to which this represents a shift in how participants consumed information about and during the pandemic. It also considers how far participants trust different sources of information, their exposure to potential false information, and how this may relate to more fertile conditions for which hateful extremist narratives can appear.

Broadly, participants used a range of different sources to get their information on COVID-19 and participants generally stuck to what they knew, relying on the same sources for news and information as they did before the pandemic, but for some there were marked differences in how much and in what way they consumed information during the pandemic. There was some evidence that over time, participants had felt overwhelmed by the amount of new and quickly changing information in relation to COVID-19 and reduced their media consumption or range of sources called upon. For some, this could lead to a greater reliance on a small number of self-selected trusted figures (from either mainstream media or social media) and an openness to believe information shared by word-of-mouth, through family and friends. Established social media platforms (for example, Twitter, Facebook or Instagram) were generally flagged as the most common potential source of disinformation. Those who struggled to identify general disinformation relating to COVID-19 online (including incorrect health advice) did also sometimes express a level of buy-in to more hateful narratives relating to COVID-19 (such as that certain ethnic or religious minorities were more likely to spread the virus). This suggests that an inability to disassociate from negative, hateful or extreme posts may be factors that hateful extremist groups could seek to exploit.

5.1 Range of sources

Participants relied on a diverse range of outlets and channels for the latest news and information on COVID-19 during the pandemic. Participants mentioned a range of TV and radio sources including BBC, Channel 4 and ITV, as well as different newspapers (paper as well as via online news apps or websites). In addition, participants used their phones and tablets to access information through articles shared on social media primarily through Facebook, Instagram, WhatsApp, TikTok and Twitter. When reflecting on their consumption patterns, some thought that spending more time at home, either on furlough or working, meant that they had more time to check the news and others found themselves watching more daytime news and TV, which may have affected the type and frequency of COVID-19 related information they were receiving.

In addition, participants felt there had been a shift in how and in what ways they engaged with current affairs and the news over the pandemic. At the start of lockdown, participants felt they had engaged with the news more regularly and had actively searched online for updates and developments on the virus. The government's daily coronavirus briefing was often cited as a source of regular and trusted information on the UK's response to the pandemic (although there were some reservations as outlined in Section 2). However, as time went on, participants felt that they were choosing to engage with COVID-19 related news less often. For some, this was linked to a shift in their outlook and perception of COVID-19. Once they appreciated it was something that we needed to learn to live with, they were less concerned about staying on top of everything being said and would only do so if there were major changes in

guidance. Others found the amount of information on the pandemic overwhelming and felt the need to reduce their intake to protect their mental health.

"I like reading the news, particularly over what we would call our proper lockdown…at least initially, but reading the news every day and seeing the number of deaths and the number of cases was quite depressing, so I really did try and, kind of, turn off from it. It was daily briefings every day. At first, I was like, 'I've got to watch these every day,' but it was quite harrowing."

Interview participant, Victim, Greater London

Linked to this, participants mentioned feeling they felt more exposed to a range of speculative information about the virus – particularly regarding the origins, spread, and potential cure for COVID-19. For some, this had led to a narrowing of the range of sources they would call upon to gather information on the virus in an effort to cut out information they felt to be speculative. This sometimes led to a greater reliance on a small number of self-selected figures or sources – some of which were official news sources, while others were more unofficial or informal. For example, participants mentioned referring back to certain self-selected scientists on social media when uncertain on what to believe, without scrutinising these individuals' credentials. In addition, others felt that they had become more open to believing and trusting information shared by word of mouth - friends or family or others with whom they already had a relationship. This was particularly the case with regards to friends, family and contacts who worked in jobs notably affected by the pandemic, such as schools, hospitals and care homes. The updates, insights (and predictions) from these people 'at the front line' were particularly valued and likely to carry significant weight. This reduction in news consumption and/or range of sources relied upon could potentially limit understanding of a situation, which is a factor extremist groups may seek to exploit.

5.2 Trust in sources

Participants viewed information shared through established or reputable news sources and organisations, such as the BBC, Channel 4 and Sky) as being sometimes biased but overall more trustworthy than information on social media. Many recognised the importance of reading a range of sources as each news outlet has their own agenda, and stories and headlines can be "*sensationalised*" or misleading.

"The news just report whatever they fancy…they make us panic more. All different news reporters, I think, are trying to get to the hottest news that will get more people to read it, rather than trying to do the right thing."

Interview participant, Victim, Greater Manchester

Generally, participants felt there was a need to be more cautious about information on social media and would sometimes link this medium with containing more false information. Those we spoke to only mentioned more mainstream social media sites (such as Facebook and Twitter), rather than more fringe platforms (such as BitChute, GAB or Telegram). However, when viewing different posts by those in social circles on mainstream sites, participants discussed how posts about COVID-19 sometimes needed to be contextualised or viewed critically. There was an awareness that social media could be an outlet for individuals or groups to share information with intention to upset, offend and polarise people. Where participants had been exposed to narratives around blame, including hateful or extremist narratives outlined in Section 6, mainstream social media sites were often cited as the main source.

In terms of how participants grappled with the content they were exposed to on social media, there was a range of perceived and actual ability to differentiate disinformation from other types of information. Some spoke more confidently about their ability to navigate disinformation and would read what was

being said but choose not to engage, while others said they would scroll past it and ignore. Participants highlighted videos or images that they thought might have been staged, for example, multiple references were made to stories about people intentionally spitting into food in restaurants or supermarkets or on the street to spread the virus. Others referenced the importance of identifying "verified" sources on social media, for example having the blue tick on Twitter. However, there were those who were less confident and there was evidence of a link between an inability to fully discredit this type of content and holding more negative or hateful beliefs about different groups. Those who did express a level of buy-in to more hateful narratives (outlined in Section 6), would sometimes acknowledge that similar videos or posts should be taken "with a pinch of salt", but would still use these as references or to support their views regarding different groups of people.

5.2.1 Conclusions

The types and ways that participants consumed information on COVID-19 provided insight into potential exposure or receptivity to hateful extremist narratives. There was a sense of people feeling overwhelmed by the level of information on COVID-19, which had led some to narrow the range of sources they engaged with, relying more on word-of-mouth or social media posts. This could potentially indicate a factor in increased exposure to targeted hateful narratives – depending on the content shared by their wider social circles. In addition, participants identified social media as a source where they had been most exposed to disinformation on COVID-19. An inability to process or disentangle disinformation on social media sometimes correlated with increased likelihood to believe in conspiracy theories among participants – including hateful or negative theories about other groups.

6 Conspiracy theories

This section further builds on the information consumed by participants and examines how far participants had heard, seen or subscribed to health and medical conspiracy theories relating to COVID-19. This can provide important insight into whether belief in certain conspiracy theories can indicate a vulnerability to other more hateful or extremist narratives, as some research has shown that people who believe one conspiracy theory are more likely to then believe others.[13]

The spread of this type of disinformation about COVID-19 was a clear concern for participants. There was a high level of awareness among those we spoke to that these types of conspiracy theories were very prevalent – even if they could struggle to recall specific narratives. Participants mentioned social media posts and friends or family members who would believe in multiple types of conspiracy theories. Although participants generally didn't buy into these narratives themselves, there were high levels of concern about the impact of this type of disinformation on the health of individuals. Participants were worried that anti-vaccination narratives could lead to high proportions of the public not getting a coronavirus vaccination.

However, there was a level of buy-in to different health and medical conspiracy theories found among participants in the focus groups and interviews – particularly those who mentioned they received information through word-of-mouth or social media. Anti-vaccination narratives, theories about pharmaceutical or telephone companies' involvement in the origins or spread of the coronavirus and institutional cover-ups came through among those we spoke to. Belief in these types of false narratives could suggest a vulnerability to believing other types of disinformation, including hateful and extremist narratives. Indeed, often the same individuals would cite their belief in multiple types of conspiracy theories. While believing in conspiracy theories is not in and of itself indicative of hateful extremism, some research has suggested that some conspiracy theories targeting specific groups can act as gateways to accepting extremist beliefs and narratives.[14] A distrust or dissatisfaction towards different types of experts or authorities was often prevalent across these discussions, suggesting a detachment towards official communications about the virus. In some cases, disinformation had become sufficiently embedded to indicate future behaviour change – for example, some participants expressed a reluctance to get flu jabs in the winter for fear of being "tricked" into receiving a vaccination for coronavirus instead.

6.1 Spread and origins of coronavirus

Conspiracy theory 1: Coronavirus as a hoax or not dangerous

Overall, participants felt COVID-19 presents a very real and severe threat to themselves and others. However, there was a general awareness of theories relating to coronavirus as a "hoax" or its severity as limited. These theories had been picked up online or through overhearing conversations in public spaces (for example, shops and workplaces). Younger participants also mentioned parents who had originally been sceptical about the deadliness of the coronavirus, but who had subsequently changed their mind over the course of the pandemic.

Although no one we spoke to mentioned they felt COVID-19 didn't exist, there were those who were sceptical about the seriousness of the virus. These participants said they didn't know of anyone who had

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[13] Douglas, K., Usinski, Sutton, R. Cichocka, A. Nefes, T Ang, C., & Deravi, F (2019), 'Why do people adopt conspiracy theories, how are they communicated, and what are their risks?', Centre for Research and Evidence on Security Threats.

[14] Lawrence, D & David, G (2020), 'QAnon in the UK: the growth of a movement', HOPE not hate, p. 13

become ill or died of COVID-19 personally and felt that published infection data or media stories about the virus bore little resemblance to their lived experience. There was some evidence that this belief had impacted on their likelihood to follow social distancing or lockdown rules.

"I do think people are a bit nonchalant and I have been myself, because I don't know anybody who has had it or, died from it, anything. So, my mind starts coming up with theories."
Focus group participant, Bradford

Connected to lack of trust or anti-government narratives outlined in Section 2, participants also questioned government figures about COVID-19 death rates. There was confusion about changing measurement processes and a sense that the government may have exaggerated statistics to "scaremonger" or to encourage compliance with lockdown measures.

"[Death rate] figures are definitely… exaggerated because they're putting COVID-19 as the death reason and it wasn't. That's not to say it's not out there, it is, but they just exaggerated it."
Focus group participant, ethnic minority, Greater London

Conspiracy theory 2: Coronavirus created by companies

Although a minority view, there were a few participants who were concerned that pharmaceutical companies had manufactured COVID-19 in order to sell preventative drugs, medicines or vaccines. These participants were often more likely to believe alternate origin stories for COVID-19 set out in Section 6. In addition, Bill Gates was specifically mentioned as someone who could profit from the pandemic, but theories cited by participants were often undeveloped.

"You know, [coronavirus is] linked it to Bill Gates…Who owns all the pharmaceutical companies? Who owns all the research laboratories? Who stands to make a lot of money out of a new virus?
Focus group participant, Bradford

Other participants had picked up on similar narratives or were aware of "unsubstantiated" information relating to potential cures, for example, that Vitamin C can cure COVID-19. These participants were often emphatically concerned about the spread of these types of false narratives and mentioned there could be multiple negative health consequences if people believed them. For some, health disinformation was linked to supermarkets or larger companies encouraging people to buy products to increase profits or boost the economy. However, there was mostly a lack of clarity about who was spreading this information or why.

Conspiracy theory 3: 5G masts transmitting coronavirus

There were repeated mentions of stories about 5G masts transmitting coronavirus or suspicious involvement of Huawei (as a Chinese company) in the development of 5G in the UK. Many participants had seen or heard of stories of 5G masts being burnt (either locally or nationwide) on mainstream social media sites (such as Facebook or Instagram) and/or knew people who believed a version of this theory. The typical view among those we spoke to was that these stories were untrue or had no scientific basis.

However, there was a minority of participants across the focus groups and interviews who held a tentative belief in these narratives. These participants had talked to people who had described feeling ill when near 5G masts or watched videos on mainstream sites (such as YouTube) which they felt had corroborated these stories linking COVID-19 and the roll out of 5G masts in the UK.

"There was a little part of me that thought [5G masts transmitting coronavirus] was quite possible… I started speaking to a couple of people, and it was like: 'Actually, I did feel quite ill a couple of months prior… The big pandemic came out, and then the [5G] masts came out, and … I started hearing certain stories, started reading into it."

Focus group participant, ethnic minority, Greater London

Conspiracy theory 4: Coronavirus origins covered up

Although an atypical view, there were some participants who believed COVID-19 originated earlier than publicised announcements. This was sometimes linked to beliefs that COVID-19 is a man-made disease or a lack of clarity about how the virus originated. Those who believed this held suspicions that China or international organisations such as the World Health Organisation had initially covered up the existence of COVID-19, which had contributed to the international spread. Similarly, linked to distrust of the UK government and dissatisfaction with their response to the virus, some participants felt the government had purposely deceived the public about when COVID-19 was first present in the UK. This type of distrust and dissatisfaction may suggest an openness to narratives relating to wider cover-ups.

"It is a man-made disease and it's not new because I've researched it. There are certain disinfectants that says that it eliminates the bacteria from COVID-19, well before we were told about COVID-19, they knew about it. It is not new."

Interview participant, Bristol

6.2 Anti-vaccination narratives

At the time of fieldwork, a coronavirus vaccine was not yet publicly available, but many participants were supportive of vaccinations in general and for a coronavirus vaccine specifically. However, many participants had been exposed to anti-vaccination rhetoric relating to COVID-19 and there were multiple references to stories, posts or videos seen on social media linking different types of vaccinations to autism or adverse side effects. There were those who mentioned they personally knew people who wouldn't get a coronavirus vaccination if it became available or who hadn't vaccinated their children for childhood diseases. Some participants felt very strongly about disinformation relating to vaccines and said they felt increasingly annoyed or upset about anti-vaccination narratives. For these participants, there were growing concerns that high proportions of the public would refuse a coronavirus vaccination when one became available.

"We need as many people of the public agreeing to have this vaccine, because some of the things that I'm seeing on Facebook now, I'm scared that we won't have enough people wanting to take this vaccine."

Focus group participant, Stoke-on-Trent

However, anti-coronavirus vaccination narratives had stuck with some participants. There were those who described already being suspicious of vaccinations prior to the pandemic. For these participants, vaccinations were sometimes seen as unnecessary or about weighing up whether COVID-19 would warrant a vaccination or whether it could just be an "inconvenience". For these individuals, the impacts of not vaccinating or catching diseases were seen as localised to immediate families rather than potentially presenting wider risk to society; for example, if my child catches a disease, the only one who will catch it from them will be me.

Concerns about a coronavirus vaccine were often rooted in worries that a vaccine would be developed too quickly to be safe. These participants felt scientists were under pressure to develop a vaccine as fast

as possible in response to increasing social frustrations with lockdown. There was also a lack of trust amongst these individuals in communications up until the time of fieldwork about a vaccine. At the time we spoke to them, these participants felt communications had been inconsistent and that there had been messages that a vaccine was nearly ready, which had subsequently been retracted. Often these were the same individuals who were sceptical about government data on coronavirus.

The implementation of vaccination trials was another concern. Participants were sceptical that coronavirus vaccination trials would be carried out safely and there was a perception that scientists would carry out trials secretly amongst the public. These beliefs were linked by participants to stories about deaths of Chinese scientists involved in developing a vaccine or a potential cover-up of deaths as part of earlier vaccine trials.

There was some indication these beliefs would impact on participant behaviour. These sceptical participants mentioned they would be reluctant to have or would refuse to have a coronavirus vaccine or give their children the vaccine. There were also those who would be worried about receiving flu jabs in the winter in case scientists use other vaccinations as part of the coronavirus vaccine testing process.

"Well, that's scary because they're wanting guinea pigs. I don't think I'm going to have my flu jab this year because I don't know what's going to be in it. How would I know?"

Focus group participant, ethnic minority, Greater London

Despite participants often having differing opinions about vaccinations within the groups, there was very little conflict, arguments, or active attempts to persuade others to different points of view. Participants in the focus groups were generally respectful of each other's views, even if they differed from their own. If participants disagreed with each other, alternative views were generally aired in a non-combative way.

6.2.1 Conclusions

The levels and range of health and medical conspiracy theories that participants were exposed to and the extent to which they believed them, provided important insight into COVID-19 disinformation more generally (which extremist groups can actively spread online). Participants who believed in disinformation relating to COVID-19 tended to be more likely to believe multiple theories. Although belief in disinformation may be dependent on multiple factors, this could suggest that some medical or health disinformation could be utilised by extremist groups. In addition, belief in conspiracy theories correlated with, and often compounded, distrust in official or expert stories, suggesting belief in certain theories can act as a catalyst to increased vulnerability to more extreme disinformation.

7 Exploring hateful extremist narratives

Figure 1: Defining Hateful Extremism[15][16]

- **Behaviours that can incite and amplify hate, or engage in persistent hatred, or equivocate about and make the moral case for violence;**

- **And that draw on hateful, hostile or supremacist beliefs directed at an out-group who are perceived as a threat to the wellbeing, survival or success of an in-group;**

- **And that cause, or are likely to cause harm to individuals, communities or wider society.**

This section explores the extent to which participants had seen, heard or subscribed to hateful extremist narratives in relation to the pandemic. This provides insight into the types of disinformation that participants had been exposed to and the extent to which participants believed particular narratives. It also explores how certain participants were able to reject and express resilience to these narratives and the conditions under which counter-narratives can flourish. Exposure to and personal experience of hateful incidents and concern about hateful extremism on society also provides important insight into the *impact* of hateful extremism on the public.

Overall, the research found little evidence of the emergence of hateful extremist attitudes which had taken hold among those we spoke to at the time of fieldwork. Some beliefs or narratives do not meet the threshold for hateful extremism but have been included in the analysis when there is judged to be a risk that they could be exploited by extremists. For example, there were also some common examples of negative narratives about certain religious or ethnic minorities that participants across the focus groups and interviews had come across, and at times held themselves. These views tended to be characterised by an emerging blame culture since the beginning of stricter social distancing measures in March 2020 (as explored in Section 2). There was evidence of a sense of blame towards an 'other' or an 'out-group' for the origins and spread of the virus, both within a domestic and international setting. These narratives are important to understand as they could be a "gateway" to more hateful extremist attitudes and

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[15] Since the period of data collection the CCE has put forward a new working definition of hateful extremism as is found in their 2021 report Operating with Impunity. See: Commission for Countering Extremism (2021), 'Operating with Impunity – Hateful extremism: The need for a legal framework', (accessed: March 2021), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963156/CCE_Operating_with_Impunity_Accessible.pdf. The new working definition of hateful extremism is: "Activity or materials directed at an out-group who are perceived as a threat to an in-group motivated by or intending to advance a political, religious or racial supremacist ideology: a). To create a climate conducive to hate crime, terrorism or other violence; or b). Attempt to erode or destroy the fundamental rights and freedoms of our democratic society as protected under Article 17 of Schedule 1 to the Human Rights Act 1998 ('HRA').

[16] Commission for Countering Extremism (July 2020),'How Hateful Extremists are Exploiting the Pandemic' (accessed March 2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/906724/CCE_Briefing_Note_001.pdf

behaviours if consolidated and used as a hook by those seeking to instigate extremist narratives on a wider scale.[17]

However, there was also clear evidence of resilience to hateful extremist narratives, with many participants condemning disinformation or conspiracies that spread hate towards particular groups or demonstrating concern about the consequences of particular narratives leading to hateful incidences both online and within their local communities.

Some participants had witnessed consequences of hateful narratives leading to acts of hateful extremism (related to harm caused to others) either personally or through stories they had seen in the media. This included hateful speech or even witnessing incidents of violence towards particular groups of people during the lockdown period.

7.1   Emergence of the virus – blame on China or Chinese people

Participants often cited negative narratives that they had seen, or heard about China or Chinese people, particularly regarding the origin and initial spread of COVID-19. Confusion around the origin of COVID-19 divided participants, with many feeling that blame shouldn't be levelled towards the Chinese government or Chinese people, but others feeling more distrustful. Although there was no clear evidence of hateful extremist attitudes towards Chinese people amongst participants, there were some negative or hateful narratives that had stuck. Mostly these narratives centred around animosity towards China as a state or the Chinese government, however this did occasionally extend to blame or distrust in Chinese people generally.

Confusion about the origins of the virus

The primary negative narratives recalled by participants relating to China were regarding the origins of COVID-19. Linked to wider conspiracy theories, there was often rooted in a general lack of certainty about how, and in what way COVID-19 came about. As mentioned in Section 5, there was a diverse range of origin stories cited or held by participants, which could fall into two categories: COVID-19 was a natural phenomenon or COVID-19 was a human fault (accidentally or on purpose). Specific beliefs about the purposeful release of the virus could engender blame towards China as a state, and to some extent, Chinese people.

Participants generally felt COVID-19 was a natural phenomenon. For the most part, participants felt China and its people could not be blamed for the emergence of a new virus. Many participants had beliefs which aligned with some scientific theories, citing wet markets or animal-based origins. Others felt the virus was human-made, but an accident; citing theories that the virus was being tested for scientific purposes at a laboratory in Wuhan and had accidentally escaped into general circulation (a theory which does not reflect the scientific consensus).

However, there were some participants who felt that the Chinese state was to blame for the emergence of the pandemic. This criticism was often rooted in a belief that the virus may have originated from a laboratory in Wuhan and released on purpose. A small number of participants across focus groups and interviews believed coronavirus had been released for economic gain, and overlooked China's

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[17] Baldauf, J., Ebner, J., & Guhl, J (2019) 'Hate Speech and Radicalisation Online', The OCCI Report, (accessed: February 2021) https://www.isdglobal.org/wp-content/uploads/2019/06/ISD-Hate-Speech-and-Radicalisation-Online-English-Draft-2.pdf

aggressive and early lockdown actions to question why China's economy was able to recover so quickly while other countries had steeped into recession.

Other participants referenced theories from social media that had linked the emerging virus as a bioweapon to either cull elderly populations within China or people in Western countries. China's successful reduction of case and death incidence rates compared to other countries were occasionally the root of theories regarding the disease being more lethal to people in the West. This, in turn, fed into a narrative held by a minority that Chinese people themselves were seeking world dominance. This type of distrust could be exploited by extremists aiming to propagate negative beliefs towards "out-groups" who are perceived as a threat to the wellbeing, survival or success of an in-group.

"Because I think the Chinese want to take over the world, to be honest, I think they want to run down the West and it's probably really political this, but I think that China want the crash of all the stock markets to fall and then they can buy up all the stocks."

Interview participant, Greater Manchester

Narratives about the origins of COVID-19 – even if seen as accidental – could also merge into negative, albeit not hateful extremist, associations with the Chinese culture. For example, there were those that believed that it originated from a wet market but questioned the ethics or morality of this element of Chinese culture, particularly around the consumption of animals that are not usually eaten in the West.

"It's been going on for thousands of years out there, that kind of market, it's nothing new. We all know that, don't we, about the Chinese eating foods that they shouldn't be eating."

Focus group participant, Leicester

China's response to the pandemic

In addition to negative sentiment arising from COVID-19 origin stories, some participants felt the Chinese state was to blame for the pandemic due to their initial response to COVID-19. This was often rooted in a belief in a conspiracy theory that the Chinese government had known about the virus for months before the rest of the world was aware. Participants believed the Chinese state had either deliberately attempted to cover up the reality of the virus or had been too slow in informing the World Health Organisation. The reasons given included the perception the Chinese government was secretive or "shady". While these views are not explicitly hateful or extremist, they could be exploited by extremists to push their rhetoric.

"We don't know what they're saying anyway, because of the secrecy. The deaths and the cases they're reporting are debatable."

Focus group participant, ethnic minority, Greater London

7.2   Spread of the virus – blame on ethnic and religious minorities in the UK

Other ethnic and religious minorities in the UK were also the subject of negative or hateful narratives that participants had come across or believed over the pandemic. Participants generally did not hold negative or hateful views towards these groups. However, there were some that did and generally these types of views could emerge from the higher incidence and death rates amongst ethnic and religious minorities. This had led to some participants to make negative assumptions about the behaviours of some minority groups, such as a belief that certain groups were more relaxed about the virus or not taking it seriously enough. These perceptions had either emerged from stories seen or heard on social media or in the news or based on personal observation within local communities. Occasionally, this had led to negative comments about ethnic or religious minorities living in the UK and their role in the pandemic, some of

which could feed into common hateful narratives about minority groups more generally, including racism or xenophobic typecasting.

Those who held negative perceptions of ethnic minorities tended to describe religious or ethnic minorities in general terms, rather than mentioning specific groups. There was also some conflation with British Asians and Muslims, and those who held views that these groups were more likely to be at risk or to spread the virus would occasionally use these terms interchangeably. This suggests a sense of "other", with these participants seeing a conflated group of British Asians and Muslims causing risk or harm to an "in-group".

7.2.1 Perceived susceptibility to catching the virus

Most participants had seen or heard information they had interpreted as saying religious and ethnic minorities are more at risk of catching, becoming seriously ill, or dying from the virus. It was common for participants to cite the number of deaths as being higher than average amongst ethnic minorities. For most, this did not lead to holding any hateful or hateful extremist views - many participants put forward sympathetic or anti-blame narratives for this (explored below). However, there were also some examples of negative or more hateful narratives put forward by participants.

A negative narrative that some participants had encountered sought to explain higher incidence of COVID-19 amongst ethnic minorities as a biological or genetic issue. Although not necessarily hateful, this type of narrative can, in some cases, foster a sense of "other" towards certain minority groups. For example, participants mentioned that people from different countries have a particular gene that means they are more likely to die from COVID-19, or that ethnic minorities have different size blood platelets which meant they would be more likely to catch it in the first place. Those who discussed this narrative were generally unsure whether this was true, or unable to articulate exactly what they had heard.

Others had observed that the local areas put under tighter lockdown restrictions in July and August 2020 were perceived to have higher or predominately Black, Asian and minority ethnic residents. Due to the locations of the lockdowns being in Leicester and in areas of Northern England, some participants linked this to 'Asians' or 'Muslims' more so than other ethnic or religious minorities. This again could be linked to more negative narratives whereby an identified "other" group are positioned as (at least partially) to blame for the pandemic.

For a small number of participants, this had led to the perception that the virus was not as dangerous or wasn't targeting White people as much as other ethnicities. It was felt that therefore ethnic minorities in the UK needed to be more careful than White people to avoid catching it. Although not necessarily hateful or extremist, this type of view can imply a sense that different ethnic groups require different rules, which is not scientifically recommended. One participant felt that minorities were so much more in danger of catching the virus than White people, they were surprised that they had seen people of different ethnicities socialising in public.

"If this disease was targeting a White person, I use that in its general sense, if it was a disease that was predominantly killing White people, there'd be no way on God's green earth that I would be sitting with eight other people outside a shop drinking, I just wouldn't do it."

Interview participant, Leeds

7.2.2 Perceived likelihood to spread the virus

Another negative narrative commonly mentioned by participants was that ethnic or religious minority groups are more likely to be spreading the virus through society. Some found the topic difficult to talk

about, as they were aware of the narrative, but were not able to accurately explain the reasons this might be the case and appeared to be wary of saying something offensive. The small number of participants who did hold this perception tended to draw from a personal experience they had come across in their local area – importantly this was usually the reference point rather than making an observation about minority groups more widely. There were several nuanced examples discussed here, usually centred around the perception that minorities were less likely to be following government guidance, either due to social/cultural differences or an unwillingness to follow the rules – suggesting that ethnic minority groups are not doing their bit, and are to blame for the spread of the virus.

Social/cultural differences

A negative view held by a small number of participants, particularly among those screened as potentially more receptive to hateful extremist narratives, was that social or cultural differences amongst ethnic minority communities had led to less compliance with government guidance. Although not always hateful or extremist, these views could be linked to "othering" in the context of blame for the spread of the virus.

Some participants noted they had witnessed people failing to observe social distancing in public places or had read about stories on social media and had linked this to the higher spread of the virus amongst minority groups. Groups mentioned here tended to be Asians (sometimes conflated with Muslims) and Eastern Europeans (sometimes specifically Romanians). Where participants subscribed to this view, they often struggled to pinpoint specific cultural or social norms that they felt to be a root cause of a lack of compliance. However, some referenced the perception that ethnic minorities could have larger or extended families or were more social, which had led to congregating and mixing more than other groups. Others associated the spread of the virus with certain places linked to different communities, such as corner shops, or particular neighbourhoods that were known for having higher numbers of ethnic minorities.

"To be blatantly honest I believe, you know, this is why we've reached this situation with the government at the moment. I believe the Asian society, it may be causing a problem. Because…I know they'd like to meet up, and you do worry then if they're meeting up, are they doing their meetings with social distancing?... Because they're a very social nation… You know, it's how they are in their origins. You can't take that away, how they are, and I don't think it's going to stop unless they're very well educated to the situation."

Interview participant, Birmingham

"There's a lot of corner shops and predominantly they're run by Asian people. It seems that quite a lot of them, not even only in my community but people I've spoken to as well, that there's that lack of two metres social distancing and face masks and that kind of requirement."

Interview participant, Glasgow

One participant felt that ethnic minorities were sometimes choosing not to comply with the rules because they had not integrated into Western culture, and therefore did not wish to comply with the same rules as 'Westerners'. Another felt that the lack of social distancing they had observed in their local community meant that Afro-Caribbean people tended to have a more 'carefree' attitude and were less concerned about preventing the pandemic.

"Maybe they just don't use social media, they don't use the news and things like that and they just go about their business selling things and choose not to comply….There's obviously going to be people in the world that really their best place to be is obviously in this country but that doesn't mean to say that they want to abide by the rules or they want to live like the Westerners. That's immigration wise. Education, again, you could educate people but that doesn't mean to say that they'll take it in."

Interview participant, Greater London

Religious gatherings and events

Another negative perception held by a minority pinpointed blame for the spread of the virus due to the perception that religious minorities congregate in great numbers for events or celebrations, such as Eid (which was during the time of fieldwork). Although not a hateful or extremist view, there was evidence that people could be vulnerable to blaming minorities for the virus; a view that could be exploited by extremist groups. Indeed, this was often linked to a perception that religious minorities do not tend to adhere to social distancing during these events, which could accelerate the spread of COVID-19. Some made connections with the local lockdown being not only in areas with high concentrations of Muslims, but also timed just before Eid celebrations. Often these views had formed through seeing posts on social media, for example, a few participants had seen or heard stories relating to Jewish people failing to observe social distancing rules due to religious customs. One had come across a story about a certain faction of Jewish people who had continued to gather in large numbers, and this had contributed to a higher spread of the virus in that community.

"I saw on Facebook that some of the ultra, ultra-religious Jewish people are still praying. This is when we first started with, that they were still praying together and that is why they've got a much higher rate of contamination."

Interview participant, victim, Greater Manchester

In some instances, the negative perceptions of minority communities were due to personal experience. Participants said they had witnessed religious minorities failing to maintain social distance in their local area, which had led to general assumptions about the behaviour of those groups.

"And we drove past, and we saw this house and out of it came roughly about twelve people. And the way they dressed, they looked like they were Muslims. They were definitely not keeping social distance. They were definitely not all from one household because they were all wearing going out clothes, and they were stood, you know, really close to each other, chatting. Some of them were giving high fives, some of them giving each other, you know, kisses… So, we're driving home like, 'My God, this is why it says that they've got higher rates, because they've not been keeping distance.'"

Interview participant, Greater Manchester

Black Lives Matter protests

A catalyst for negative views connected to COVID-19 was the emergence of the Black Lives Matter (BLM) protests that took place during lockdown. These protests were mentioned in most of the discussion groups or interviews at some point, and although there was recognition that White people also took part in the protests, participants did sometimes make associations with Black people attending BLM protests and its contribution to the spread of coronavirus. There was a feeling that the protests were not appropriate given the lockdown, particularly among those screened as having potential

receptivity to hateful extremist narratives, and therefore there was an occasional link made to the narrative that religious and ethnic communities were being more careless about adhering to social distancing rules.

"I am so anti [the Black Lives Matter protests]. I just thought it was absolutely ridiculous. We've all been frightened, we've all been shut in and there they were all out there and I just didn't like that at all. I thought it was awful. I just thought, 'Oh, for heaven's sake. If you're going to do it, don't do it now. Let's leave it for now…. a lot of people, as I said, are coming out over the years like they say, 'Why do we pick on Black people? There's a problem.' I've known growing up in my life that a lot of Black people have been causing the problem and they're their own worst enemy. They're the ones that created it against themselves."

Interview participant, Newcastle

7.3 Resilience & counter narratives

While some participants did hold negative or hateful views towards groups related to COVID-19, there were also several examples whereby participants strongly disagreed or condemned these views. There was evidence that many participants were able to show resilience, or even offer counter-narratives, in response to disinformation about religious and ethnic minority groups they had been exposed to – particularly anti-Chinese people narratives; perceptions that certain ethnic or religious groups were contributing to the spread of COVID-19.

7.3.1 Countering blame on China

Participants were often concerned that conspiracy theories relating to the origins of the virus *could* exacerbate hateful narratives towards Chinese people. For example, participants cited Donald Trump labelling the disease as the 'China virus' and the mass media coverage of this as encouraging widespread anti-Chinese sentiment. Others mentioned that they were worried that anti-Chinese sentiment would spread across the UK and had heard stories or witnessed people avoiding Chinese takeaways, avoiding Chinese people in the street or even witnessed verbal abuse or threatening behaviour towards Chinese people.

"I think a lot of racism has come out towards, like, Asian minorities like China….Like, my friend she's from Hong Kong and she gets a lot of abuse if she goes out to the shop and, like, it's more verbal and I think it's-, and a lot of people say, 'I'm not eating Chinese takeaway any more,' and I think that's very damaging…. It's almost like we're taking back steps, like, we're forgetting why racism shouldn't be a thing."

Focus group participant, Portsmouth

7.3.2 Countering racial inferiority narratives

There were also examples of participants countering or showing resilience against negative, hateful or extremist narratives relating to perceived racial inferiority. Generally, those who had encountered narratives regarding ethnic minority people as being more likely to suffer from the virus did not associate any blame or apportion any sense of responsibility. There was generally a sense of concern for this group and a belief that higher rates among ethnic minorities were related to a range of socioeconomic factors that meant White British people are more likely to have better health outcomes more generally. This included the view that ethnic minorities were more likely to work in service industry or frontline jobs that require face-to-face contact and more likely to be in poverty or economically disadvantaged. In addition, some participants suggested government mishandling of communications were to blame. Some

recognised the need to communicate rules effectively (particularly if English was their second language) or educate people from ethnic minorities who weren't following the rules.

"If you look at, like, Leicester and Blackburn, where I, kind of, agree that these are linked to BAME communities where people don't necessarily understand the distancing rules and generally have been hotspots for the outbreak. Like, some of them have been in terrible conditions and factories and stuff. I really think educating people through not just online sources and, yes, in a range of languages as well."

Interview participant, London

7.3.3 Resilience to negative media coverage of minority groups

Media coverage of ethnic or religious minority groups was cited as a factor in some of the negative or hateful narratives levelled at minority groups. There was a commonly cited perception that some mainstream media sources and sometimes the government were trying to single out ethnic or religious minorities to blame for the continued spread of the virus. For example, some recalled a Government MP appearing on mainstream radio to blame certain ethnic or religious minority communities for not doing their bit to prevent the spread of the virus. Others mentioned that they had seen headlines about minority communities flouting social distancing in the mass media, which were seen as unfair since White communities were also congregating on beaches and parks. This was sometimes seen to be a tactic employed by the media which further created divisions or exacerbated blame culture in the UK, which could facilitate hateful extremist attitudes.

"A recent thing I saw was a few days ago, I was driving and listening to LBC. I think on the morning show there was an….MP who was blaming the recent lockdown in the north of England on Muslims. It was very strange to hear that. I think it's just an illogical statement to make. It's just bringing more division when we need unity."

Focus group participant, London

Similarly, there were many participants who strongly disagreed with the narrative that BLM protests or other events attended by minority groups made a particular contribution to the spread of the virus. These participants sometimes felt that the media had played a role in building this narrative; comparisons were made to the lack of media coverage of events more associated with White people (such as football celebrations, horse racing and VE day).

"It angers me because they're using COVID-19 as an excuse to target particular groups. Using something that we should be coming together as one to battle as a common enemy but now they want to use this to target particular groups which they've probably got a hatred for."

Focus group participant, ethnic minority, Greater London

Coverage of large events such as religious celebrations were also commonly cited by participants as a mechanism used by the media to promote the narrative that minority communities were not following the rules. Many had been exposed to the narratives that Muslims were less likely to observe social distancing, due to the tendency to have social gatherings in large numbers or having a larger than average number of people living in a household. One Muslim participant felt there had been biased coverage about Mosques remaining open during lockdown, or there being large congregations of Muslims, that were either exaggerated or simply untrue, and many participants who were part of an ethnic minority group felt that the media were purposefully targeting their communities to vilify them and blame them for the spread of the virus. The celebration of Eid was highlighted by participants as an

event that had harnessed a lot of coverage in the media, such as stories that highlighted that there were different Muslim families gathering in each other's homes during lockdown. One participant likened the event to Christmas and cast doubt over whether the media would leverage the same criticism on families congregating over the festive period.

7.4   Harms of hateful narratives

Connected to concerns about negative narratives seen, heard or read about, participants raised several different types of negative consequences they felt could occur. This included deliberate spreading of disinformation about particular groups to formulate a hateful narrative, or experiences of hateful behaviour towards an individual or group (hate crime), including violence such as verbal or physical abuse.

As covered in earlier sections in this report, many participants did feel that there was an increased blame culture during the pandemic, which they felt was leading to increased division and hate towards certain groups. Some participants were concerned that society was 'taking a step back' in progress to countering racism. There was a sense that the virus had caused fears and uncertainty, which meant people could be open or even actively looking to blaming certain groups in order to feel safer or better about the situation.

"Because in times of, for example, conflict in terms of the pandemic somebody wants or somebody needs to blame somebody for something just to help them deal with it and it's just one of those where, you know, it would be seen as an easy target."

Focus group participant, Portsmouth

Others felt that these issues already existed in society before the pandemic, and that coronavirus was merely another mechanism which those spreading hateful extremist narratives could use, as minority groups were an easy target. While very few recognised the term disinformation, there were many participants who felt there were stories in the media or information shared by others that deliberately cast groups in a negative light for the purpose of creating division. For example, stories seen linking local lockdowns with certain ethnic or religious minorities and disinformation around religious minorities not following social distancing during celebrations or ceremonies.

"[On who might be more vulnerable to disinformation] I definitely think there's a lot of targeting towards ethnic minorities with them being at high risk as well with the virus, definitely the minorities are going to get targeted I think."

Focus group participant, Leicester

Hateful behaviour towards Chinese or South-East Asian people

Participants felt that some theories about the origins of the virus and how far China is to blame could lead to suspicion or distrust in Chinese people more generally. Some participants felt this had already happened and cited particular instances of hateful behaviour towards Chinese people in the UK that they had read about, witnessed or even experienced. Some of the examples given included discriminatory behaviour such as avoiding Chinese shops, refusing to eat Chinese food or buy products made in China. Others described incidences of seeing or hearing about abuse directed towards Chinese people in the street or on public transport. One victim participant, who was British Chinese, recalled a personal experience whereby people had avoided them during the early period of lockdown because they were wearing a mask on public transport. Another British Chinese participant had experienced verbal abuse in a shop, where a person had accused them of bringing coronavirus to the UK.

"I was wearing a mask, going onto the Tube, and people look at me like an alien. They actually move away from me, so if I sit on one seat, they may be sitting opposite, they would just move away to the other carriages. .... but they've read the news, they know that it is happening in Asia, and I'm Chinese, obviously, and I'm wearing a mask."

Interview participant, victim, Greater London

"I was in Marks and Spencer, and this man came close to me…I was, like, moving away from him quickly…. He said, 'What's the matter, do I smell? You are the one that brought coronavirus."

Interview participant, Victim, Manchester

There were also some mentions of increased racism towards other South-East Asians in the UK, particularly with people mistakenly or purposefully conflating other types of Asian people with Chinese people and blaming people from the entire region of the continent for the virus. One participant had seen a story online about someone from Singapore who had been punched in London due to their ethnicity.

"So, like, Korea, Japan, Vietnam, China are, like, I feel like are grouped as a whole by some people and I feel like that's a very large amount of the population who are being discriminated against."

Focus group participant, Portsmouth

Hateful incidents against religious and ethnic minorities

Similarly, there were also some experiences that had been seen or heard about hateful incidents towards religious or ethnic minorities, again due to the assertion that they are more likely to be infectious with the virus or failing to observe the rules such as wearing masks or social distancing from others. Participants mentioned reading local news articles about racist comments or threats made to religious or ethnic minorities in the streets or on public transport. There were also instances encountered of people saying they would avoid a certain restaurant or even an entire area due to its affiliations with ethnic or religious minority residents. A few participants in the interviews felt that this meant certain places now carried a stigma or an association of higher infection rates due to that area's demographics. It was felt this could lead to increased segregation of communities, or increased division between different cultures in the UK.

"You see it, if there's a Black person in the shop, they all, sort of, move away from them, because they think that they're going to be the one carrying the virus, because they're from the core community or because they're Black."

Interview participant, victim, Greater Manchester

"[The hate incident] was along the lines of, 'Go back to the country you're from. We don't want you here now.' I took the 'want you here now' as reference to, kind of, lockdown and isolation, which obviously is ridiculous because I'm from here and stuff."

Interview participant, victim, Greater London

Participants also raised the perception that the pandemic could be used by those holding racist or bigoted views to consolidate structurally racist narratives. For example, one participant felt that if there were young groups loitering in the streets during lockdown, the police would be more likely to approach people of colour than if it was a White group. Others mentioned that response to the BLM protests had led to a reinforcement of the narrative that Black people were causing trouble or anti-social behaviour, rather than taking part in predominantly peaceful protests.

7.4.1 Conclusions

Although most of those we spoke to did not wholly buy into specific hateful extremist narratives, there were levels of belief in hateful narratives that could indicate a vulnerability to hateful extremism. A degree of "othering" of certain ethnic and religious minorities, including Chinese people and Muslims, seen as "to blame" (sometimes unwittingly) for the spread of the virus indicates conditions which could potentially be exploited by hateful extremists. On the other hand, many participants were concerned about the prevalence of disinformation and conspiracy theories and the extent to which those seeking to exploit the pandemic to spread hateful or extremist narratives. There were also concerns about the effects of these narratives, with participants citing examples they had read, witnessed or experienced of verbal or physical abuse directed at ethnic and religious minorities.

8 Conclusions

The overarching aim of the research was to identify the range and nature of attitudes, beliefs or false narratives amongst the general population and identified sub-sets, in relation to the intersection between COVID-19 and hateful extremism. Within this, the research was focused on answering the following research questions:

- **What are the range and nature** of perceptions, beliefs and attitudes about COVID-19 that the general public in England and Wales holds and/or has been exposed to?
- **What factors may make people more vulnerable** to misunderstanding or to hateful extremist false narratives (in general) and relating to COVID-19?
- **What impact** has some of the main hateful extremist narratives and ideas around COVID-19 had on the general population?

This section considers each of these research questions in turn, summarising some of the key findings that emerged from the qualitative data.

1. What are the range and nature of perceptions, beliefs and attitudes about COVID-19 that the British general public holds and/or has been exposed to?

Participants expressed a range of experiences and attitudes during the first lockdown period (from March 2020 to the time of fieldwork in July and August 2020). Those we spoke to shared similar feelings of fear, uncertainty, anger and frustration. This had led some to feel a sense of togetherness and community. Overall, there was clear evidence of resilience to hateful extremist narratives, with many participants condemning misinformation or conspiracies that spread hate about particular groups or expressing concern about the consequences of particular narratives leading to hateful incidences both online and within their local communities.

Negative perceptions towards others was often rooted in a comparison between what participants felt they themselves were doing (following the rules) vs what some others were doing (not following the rules). Generally, any sense of frustration or blame was felt to be directed at individuals rather than generalised to any particular group and a common theme was for participants to reiterate this. However, for some, these frustrations were more likely to be levelled at particular groups (including religious and ethnic minorities). Some of these narratives mirrored those spread by extremist groups during the pandemic and could suggest the pandemic may have accentuated factors that extremists could potentially exploit.

In addition, negative perceptions towards others (including religious or ethnic minorities) were often rooted in a belief that these groups were spreading COVID-19 by failing to follow the rules or through perceived cultural factors (such as living in larger households). The blame placed on these religious or ethnic minorities was complex and nuanced in nature but indicates factors which could be utilised by those seeking to spread hateful extremist narratives.

Uncertainty and a perceived lack of evidence about the origins of COVID-19 opened the door to conspiracy theories. There was a high level of exposure to many different types of origin stories and this had arguably created a vacuum for conspiracy theories, health disinformation and anti-China or anti-Chinese narratives.

However, across all the narratives discussed, there was a nuance around to what extent participants believed hateful extremist narratives or conspiracy theories. Those who did propound these theories

would often be uncertain about how much they subscribed to them – for example, some expressed they know these narratives need to "be taken with a pinch of salt", even if it was clear that participants believed the narrative to some extent.

2. What factors may make people more vulnerable to misunderstanding or to hateful extremist false narratives (in general) and relating to COVID-19?

There is evidence from this research that the pandemic created conditions for the amplification of hateful extremist narratives. Participants expressed multiple grievances they had experienced over the pandemic at the time of fieldwork. There were general feelings of fear, anxiety and uncertainty – both about their personal health, wellbeing and financial situation, but also for society as a whole. These emotions and experiences could be seen as creating conditions for "othering", with participants transferring fears and frustrations onto other individuals or other groups. This can potentially create opportunities for those wishing to spread hateful extremist narratives.

Distrust in the current UK government and authority figures, when mixed with extremist-sympathising characteristics, could provide opportunities for extremist groups to exploit. At the time of fieldwork, there were mixed views about the UK government's initial handling of the pandemic, but there were clear themes of dissatisfaction and distrust relating to the management of the virus in the UK. For some, this lack of trust snowballed towards conspiracy theories, with participants mentioning scepticism about official statistics and a belief in a government "cover-up" of COVID-19. As the pandemic has progressed there is evidence that people are looking to others, such as people working 'at the front line', for guidance. This poses questions about where, and with whom, does the voice of authority currently lie, and a vacuum in which disinformation can emerge.

Information overload on COVID-19 could also be a potential risk factor. Participants expressed feeling overwhelmed by the amount and type of information on COVID-19 across the range of sources they engaged with. Since the start of tighter restrictions in March 2020 to the time of fieldwork in summer 2020, some said they had started to disengage from actively seeking further information on the pandemic or had narrowed the range of sources they would engage with. For some, this could lead to a greater reliance on a smaller number of sources, sometimes restricted to social media posts or information shared by family and friends.

This could be exacerbated for those who struggled to identify disinformation in social media posts. Mainstream social media sites, such as Twitter, Facebook, WhatsApp and TikTok were the primary places that participants had been exposed to disinformation about COVID-19. Those who subscribed to hateful or negative narratives about certain ethnic or religious groups often cited posts on social media as the source of their belief. There were correlations between struggling to differentiate disinformation on COVID-19 on social media and a tendency to buy into more hateful or negative narratives to some extent.

There was also some indication that individuals could have receptivity to, or be exposed to, a wide range of conspiracy theories relating to COVID-19 – including health and medical, as well as more hateful disinformation. Often the same individuals would cite their belief in multiple types of conspiracy theories, which suggests that there may be types of disinformation on COVID-19 that can act as a gateway to beliefs in other types of disinformation.

3. What impact has some of the main hateful extremist narratives and ideas around COVID-19 had on the general population?

There was evidence of public concern about conspiracy theories and the potential for hateful extremism. Participants were concerned that certain responses to the virus had resulted in a "step back" in progress to countering racism. There was a sense that society was becoming more divided since the beginning of March 2020, with some people more open or actively looking to blame certain groups in order to feel safer or better during the unprecedented times.

There was also evidence from the groups and interviews that many participants were able to show resilience, or even offer counter-narratives, in response to disinformation about religious and ethnic minority groups they had been exposed to. This was especially prevalent regarding anti-China or Chinese narratives and/or perceptions that certain ethnic or religious groups were contributing to the spread of COVID-19.

Some participants also felt that some theories about the origins and spread of the virus could lead to suspicion or distrust in religious or ethnic minority groups more generally. Some participants felt this had already happened and cited particular instances of hateful behaviour towards groups including Chinese people, Muslims, Black people in the UK that they had read about, witnessed or even experienced.

9 Appendices

9.1 Demographic information for general population focus groups

		Gen pop Group 1	Gen pop Group 2	Gen pop Group 3	Gen pop Group 4
		Portsmouth (and surrounds)	Cardiff (and surrounds)	Bradford (and surrounds)	Leicester (city only)
Age	18-24	1	0	1	1
	25 – 39	2	2	2	2
	40 – 55	2	2	2	2
	55+	0	1	1	1
Gender	Male	3	3	3	3
	Female	2	2	3	3
Ethnicity	Ethnic minority	1	1	1	4
	White	4	4	5	2
Education levels	Up to A level	2	2	3	4
	Degree and above	3	3	3	2
Employment	Working	3	4	4	4
	Not working (incl. students and retired)	2	1	2	2
Urban vs Rural	Urban	2	2	3	5
	Suburban/rural	3	3	3	NA

9.2 Demographic information for young people focus groups

		16 17 group	18 21 group
	Location	Stoke (and surrounds)	Norwich (and surrounds)
Age		ALL 16-17	ALL 18-21
Gender	Male	2	3
	Female	3	3
Ethnicity	Ethnic Minority	2	1
	White	3	5
Urban vs Rural	Urban	1	1
	Suburban/rural	4	5
Social Grade[18]	AB	1	3
	C2C1	2	1
	DE	2	2

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[18] Social grade categories are defined as per the socio-economic classification produced by the UK Office for National Statistics

9.3   Demographic information for ethnic minority groups

		Ethnic minority group 1	Ethnic minority group 2
	Location	Birmingham	Greater London
		ALL	ALL
Age	18-24	1	2
	25 – 39	2	1
	40 – 55	2	2
	55+	1	1
Gender	Male	4	3
	Female	2	3
Education levels	Up to A level	2	2
	Degree and above	4	4
Employment	Working	3	4
	Not working (incl. students and retired)	3	2
Urban vs Rural	Urban	1	2
	Suburban/rural	5	4

9.4   Demographic information for in-depth interviews

Participant No	Category	Location	Age	Self Defined Ethnicity
1	Victim	London	40-55	Chinese
2	Victim	London	18-24	Pakistani
3	Victim	Greater Manchester	40-55	Chinese
4	Screened for potential receptivity to HE narratives	Bristol	25-39	White and Black Caribbean
5	Screened for potential receptivity or exposure to HE narratives	Newcastle	40-55	White British
6	Screened for potential receptivity or exposure to HE narratives	Greater Manchester	56+	White British
7	Screened for potential receptivity or exposure to HE narratives	Reading	56+	White British

8	Screened for potential receptivity or exposure to HE narratives	Birmingham	56+	White British
9	Screened for potential receptivity or exposure to HE narratives	Leeds	25-39	White British
10	Screened for potential receptivity or exposure to HE narratives	Glasgow	25-39	White British

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