

Written evidence submitted by SignHealth (VAW0042)

1. The Deaf health charity SignHealth, set up in 1986, works to improve the health and wellbeing of Deaf people and is a 'by and for' service, led by deaf people. SignHealth is the UK's only Deaf Domestic Abuse Service that has Deaf and Hard of Hearing Independent Domestic Violence Advisors (IDVA), Young Person Violence Advisors (YPVA) and a Children and Family Worker (CFW), who all work to keep Deaf people and children safe in London and some parts of South East England through the provisions of one to one support, educational programmes and survivor workshops in British Sign Language (BSL).
2. We are submitting evidence at this time because it is our opinion that the Violence against Women and Girls strategy does not fully address nor meet our clients' needs.

Executive summary

3. The government launched a strategy aimed at tackling violence against women and girls. SignHealth quickly identified that unfortunately, there had been little thought given to how deaf women and girls might participate in the strategy. Below is a summary of our work on the strategy, to date. As the UK's leading health charity for the Deaf community, we see daily that there are community specific issues faced by deaf women and girls, especially in relation to identifying abuse, and accessing support to escape violence and abuse. Below is the summary of our report; our recommendations will help the government to implement strategies that are fully inclusive of the deaf community.

Key points

- **Language barriers** - The strategy consultation was released without any thought given to how deaf women and girls might participate. Unfortunately, this resulted in lost data and the marginalisation of the very people the government sought to engage. SignHealth advocates for accessible resources to be factored into the planning process to ensure that all stakeholders are included.
- **Reporting and data collection is underrepresented because of inaccessibility** - Data collection methods need to utilise a variety of tools to ensure that data is collected from a broad range of people; this ensures rich and valuable insight which can be aggregated across multiple demographics. This is important because what we often find is that the sector considers the needs of 'deaf and disabled' people as a collective, without recognising that within the larger community, needs will vary. Additionally, the linguistic needs and barriers of the deaf community will vary considerably from those experienced by disabled people generally. This strategy was placed in the public domain in a written format, with the standard requirement that responses all

be made in written English too. This process meant that deaf people who use British Sign Language as their first or preferred language could not participate.

- **Technology** - Technology has been a lifeline for deaf people; it affords them the opportunity to stay connected with their community, all across the UK. As with any tool, it can be utilised for good, but also abused for harm. Social media platforms often have an in-built language translation function, so that any post regardless of language, can be monitored or reported. These safeguards contain a blind spot however when it comes to signed languages and any signed content will not be accessible to moderators unless they can also sign. The community often raises concerns about how, within a small community, there are difficulties around managing safeguarding in particular. In a professional capacity, SignHealth has seen the ramifications of this when trying to mitigate the fallout of revenge porn that has been weaponised in such a small community. Although legislation states that everyone has the 'right to erasure', the long term consequences will still be seen for years to come because the transfer of information happens quickly and simply relocating to a new town or city will unfortunately not erase it.
- **Areas of high risk - institutions and schools** Deaf children attending mainstream school environments may not leave with the same educational knowledge as their hearing peers. This is because the accuracy of information is often compromised when delivered via teachers who are unable to use BSL or unqualified educational interpreters (Communication Support Workers) who do not have the language fluency needed to convey complicated concepts such as consent, and the signs of abuse. This not only leaves them vulnerable and at risk of exploitation, but it denies them valuable learning opportunities when discussing the subject with their peers.

SignHealth recognises that there are more and more initiatives being established that allow vulnerable women and girls to discreetly seek out help when they need it. 'Ask For Ani' is a brilliant example of how women can be safeguarded in wider public spaces. But we also want to highlight the challenges that deaf women and girls face, not only in being able to access the resources they need to learn about such initiatives, mostly because they are not in an accessible format. But, they are also reliant on spoken languages, which are also prohibitive for many deaf women and girls. We would like to see schemes like these designed with diverse communication needs in mind.

- **Issues faced by Migrant women** Migrant deaf women are at an increased risk of exploitation, such as sex work, due to the compounded language barriers faced when arriving in a new country. Not only will they not be able to access the spoken language of the country, but they

will not be able to use the native sign language of the country. They will not be able to navigate information or resources online, nor will they be able to reach out for support if they need it.

- **Access to education and understanding of healthy relationships, for both the survivors and perpetrators-** For the deaf community, eradicating violence against women and girls requires a two-pronged approach. As mentioned above, there is education that should be embedded at school, to ensure that children are equipped with the requisite knowledge and skills to make informed decisions about consent and healthy relationships. However, it should be noted that there is, at present, no vehicle of rehabilitation available to deaf perpetrators. The inaccessibility of the rehabilitation programmes perpetuates the cycle of abuse because perpetrators are never challenged on their behaviours, or given the opportunity to rehabilitate, reform or make amends for past behaviours.
- **Systemic failings** - As with any systemic issue, it is impossible to identify one root cause that requires a solution. Systemic failings show up across all services not because they are designed in a way that deliberately excludes certain marginalised groups, but because those marginalised groups are never considered in the first place. They are invisible. Ensuring that services are accessible and inclusive requires forethought and appropriate funding. It requires that the needs of a particular community are designed in a way that equates to tangible outcomes. This looks like building a strong business case for the provision of 'by and for' services that are already equipped with the cultural and social competencies needed to support their client base, without convoluting the process by bringing in third party communication support, such as interpreters.

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Call for evidence

4. Whilst we applaud the timeliness of this call for evidence, it was initially inaccessible to the tens of thousands of deaf people who use British Sign language (BSL) as their first language. Whilst we are pleased to see that this was eventually rectified, and there is now a British Sign language translation of the requirements, deaf people were put at a significant disadvantage if they wanted to submit evidence in sign language. Many Deaf people received a substandard education, which means that they may not have the necessary proficiency to respond in written English as adults. Many of those children grew up with severe language deprivation as a result of the historical requirement for schools to teach a curriculum that prioritised the use of speech and residual hearing as the primary means of accessing the National Curriculum, which is an inaccessible way of learning for many deaf children. As a result, many deaf adults are unable to express themselves sufficiently in written English, compared to how they would if using BSL. Text-based submissions are ineffective because the process actively disempowers deaf people, jeopardises their independence, and ultimately violates their privacy

because to be able to respond, they will need to submit information in sign language, thus revealing their identity.

5. The issues around confidentiality and anonymity are entirely different when using a visual gestural language. BSL has no written form and as such, does not afford users anonymity, as any contribution made in sign language also features the face and body of the respondent. Due to the extremely sensitive nature of this inquiry, alternative considerations must be made to ensure that respondents can feel confident that their data will be treated with the utmost care. It is imperative that respondents understand what will happen to their data throughout the process and that the considerations made around confidentiality are carefully outlined. The Deaf community, and the community of people who work as interpreters, is small and tightly knit, and interpreters often intersect with the community in their personal lives. If respondents are simply advised they can make a BSL contribution, many will not feel comfortable doing this without knowing who will see it. When people share their stories in BSL, there is no way for them to retain anonymity because of the requirement that their submission be translated into written English. Participants will not know who has the task of translating their story, nor will they have any assurance that the person translating the submission will do so faithfully and without prejudice; there are also potential safeguarding concerns where vulnerable women are sharing stories that may expose them to harm if confidentiality is breached, however unintentional. Being aware of the power dynamics between interpreters and the deaf community is vital in creating transparency and safety. This is why a survey, even with the ability to submit responses in BSL, will likely be less effective because of community concerns related to confidentiality, maintaining anonymity and concerns about the accuracy of the translation once received.

6. SignHealth, as a Deaf led organisation, believes that the optimum process for deaf people to share their experiences would be through focus groups. Focus groups take away the uncertainty about who will translate the information, and they provide safe environments where individual language needs can be met. Allowing Deaf women to come together to share their experiences is empowering and enables full access in BSL, without the need for interpreters to be engaged.

Data and statistics

7. Deaf and Disabled survivors are often overlooked as diverse individuals with cultural identities, races, sexualities, and other characteristics, meaning data on violence against Deaf and disabled women and girls are limited due to the data collection methods utilised. More than often, surveys are inaccessible due to the language and jargon used, are not available in BSL, and do not give an opportunity for deaf people to respond in their own language.

As a consequence, it is difficult to find stratified data on the level of violence against deaf and disabled people. We are to understand and address the incidence of violence against disabled women and girls, as well as the connection with other types of discrimination, this data must be collected and made available.

How VAWG affects women and girls

8. BSL is the first language for many members of the Deaf community. Deaf sign language users may have difficulties accessing information which relates to different forms and experiences of VAWG; this is because the majority of available resources are text based. The subsequent impact of this can be seen in a number of areas. For example, the concept of 'violence' was previously generally perceived as only physical, but in recent years there has been a shift to a broader understanding encompassing various abuses, which include mental and financial abuse. Due to the lack of accessible information, we often see situations where Deaf women are unable to identify when they are experiencing abuse; they do not have the tools to identify when abuse is happening to them, or know how to report abuse. The result is that these women are unable to receive appropriate support. There is a dearth of accessible resources that Deaf women and girls are able to access discreetly, which means that they are unable to become informed enough to mitigate the risks of leaving an unsafe situation.

9. We are hopeful that the general understanding around healthy relationships and sex education will improve, given the mandatory introduction of RSE to the curriculum. However, young Deaf people are once again disadvantaged by the fact that many are in non-specialist educational placements that do not cater to their language needs. As a result, they may be unable to identify potentially harmful behaviours. If a deaf child experiences language deprivation, they will be unable to communicate effectively with their caregivers, peers or other relevant adults. Being unable to share their worries or concerns places deaf children in a vulnerable position and increases their risk of abuse. Additionally, assumptive attitudes towards disability and sex/relationships can lead to teachers not delivering appropriate and necessary information to Deaf and disabled children. As mentioned above, the majority of Deaf children are in mainstream education which means that they may not be receiving information in a manner that is accessible to them due to lack of interpreters or communication support workers. Even if the opportunity is available, the language fluency of staff may not be sufficient enough to explain sensitive or complicated concepts in a visually accessible way.

How issues relating to VAWG are affected by modern technology

10. Deaf people have increasingly used technology to enable communication, and during the pandemic there was an increase in online gender-based abuse on social media platforms¹. However, these platforms have done little in response to reports of online abuse and have not taken sufficient action to ensure the safety of women and girls. Change is required, pushing policymakers and technology companies to implement safeguards. This issue is compounded for Deaf women who may complain about online abuse received in Sign language, but when this is investigated the platform does not understand what has been said and as such, no further action is taken.

¹ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Glitch-and-EVAW-The-Ripple-Effect-Online-abuse-during-COVID-19-Sept-2020.pdf>

11. The Deaf community is a minority diaspora community which means the effects of revenge porn are felt more acutely by Deaf women in comparison to their hearing peers. Revenge porn will have a longer lasting impact on Deaf women, both socially and professionally.

How VAWG affects young women and girls including in school and education institutions, in public places and online

12. VAWG in the education sector affects attendance and completion rates, as well as learning and attainment. When a person experiences abuse, it will have an impact on their mental and physical health, which will affect their ability to participate in classes.

13. According to the Consortium for Research in Deaf Education, 78% of school-aged deaf children attend mainstream schools. 6% attend mainstream schools with resource provisions, 3% attend special schools for deaf children whilst 12% attend special schools not specifically for deaf children². Deaf children within a mainstream environment may find it harder to set boundaries around acceptable behaviours, in part due to the small size of their peer group and whether they are able to communicate with them. Asserting a boundary that conflicts with the majority may lead to social exclusion; a big social risk in an already marginalised group. This may lead some young women and girls to accept violence and abuse if it means that they can remain within a familiar social circle.

14. Within education, Deaf children may receive information related to the biological aspects of having sex, but there is often a gap in education based on real life experiences, such as what informed and enthusiastic consent looks like in a relationship. This leaves many girls vulnerable to situations where they are not able to recognise the difference between consensual sex and rape.

15. In wider society, there are multiple barriers that prevent women from seeking out support. These are compounded by language and communication barriers for Deaf women and girls. In recent years there have been a number of initiatives designed to support women and girls to seek out help in more subtle ways, such as 'Ask for ANI'. It would be beneficial to see those strategies scaled up in an accessible manner, so that more front line workers were aware of the signs of domestic abuse and how they could provide intervention measures in the moment, that wouldn't escalate risk of harm.

16. Non-Molestation Orders (NMO) are given out to perpetrators to ensure that they are not able to harass their victims. There are zonal components to ensure that perpetrators stay a distance from the home, school and significant properties. However, as the Deaf community is a minority community, there may be events where the survivor and the perpetrator find themselves both in attendance. The NMO covers designated places of safety, but is not applicable in wider public spaces, which means the survivor won't be able to freely attend social events or be out and about without also being conscious of the fact that they may encounter the recipient of the NMO.

² <https://www.batod.org.uk/wp-content/uploads/2018/02/CRIDEUK2019v2.pdf>

17. Lack of clear domestic abuse policies in places of work can often mean that women do not disclose abuse, or feel they are in a position to be supported by their employer. This can lead to dismissal if they are subject to disciplinary procedures should they fail to meet expectations at work. This could, for example, present like an employee who has a high number of sick days due to attending hospital and subsequently having to recover from their injuries. Survivors may also find it difficult to concentrate at work because of emotional turmoil and worry about home life, which may be reflected in the quality of their work.

How VAWG affects particular groups, such as migrant women, sex workers or women with protected characteristics

18. Migrant Deaf women who travel to the UK may not have as strong a support system as they would have in their native country. This makes it particularly difficult to disclose abuse to family and friends if they are not residing in the same country. Many of the support systems they could have access to in the UK require facilitation from the perpetrator, whom they are reliant on for their communication needs, because they may not yet be fluent in English or BSL. Additionally, there is a shortage of International Sign language interpreters in the UK, so the access issues faced by Deaf women who are not proficient in BSL are magnified. Poor access because of language barriers will have a detrimental impact on their knowledge when it comes to their rights, as the few resources that are available to Sign language users are in BSL. This disempowers migrant women and they are unable to assert their legal rights, because they may not know that they have any.

19. For many Deaf women, there may be multiple abuses taking place that are either related to migrant status, or socioeconomic inequalities. For example, difficulty accessing support services or the job market, places Deaf women at heightened risk of working in the sex industry. Additionally, if they become sex workers, it is then harder to access the support needed to safely leave that work. There are services for sex workers in the UK, however these services are inaccessible to Deaf sex workers and no interpreters are provided. Most of these women will not be registered with a GP, so if they experience violence, they will be less likely to access help and support.

20. Sexual abuse is prevalent in situations where a Deaf woman has been trafficked to the UK from abroad. There are numerous Deaf women who are brought to the UK with their partners, but are then restricted from joining social circles, which reduces their access to information and potentially the information they need to escape.

21. The low number of 'by and for' domestic abuse services in the UK means that Deaf women do not receive equitable access to support. There are a multitude of services available to women experiencing domestic abuse across the UK, but if Deaf women were to access those services, it could only be via interpreters. Whilst this could be considered 'access', in that it meets the definition of a reasonable adjustment, we would argue that access does not automatically mean that a service is equitable. What would be equitable would be for Deaf women to be able to access support when they are in need, and be able to receive that from a professional who is able to communicate with them directly, in their own language.

22. It is worth acknowledging that some steps have been taken to improve this, and partial access to the National Domestic Abuse Helpline is available in BSL via SignVideo³. Unfortunately, domestic abuse still occurs 'out of hours' and not ensuring availability of a 24/7 service leaves deaf women in an increasingly vulnerable position if they can only access this service during the day time, when their partner is more likely to be around.

23. Many refuges are rendered unsuitable for Deaf women due to the lack of accessible equipment in the building, and language requirements are often not met due to a lack of funding⁴. This consequently has an impact on their journey to healing because they are unable to engage with the other residents, participate in group meetings, and receive support to regain their confidence to feel safe enough to return back to wider society.

24. Deafness is often viewed by some minority groups with prejudice; therefore Deaf women are treated differently to their hearing peers. Often the assumption is made that Deaf women will never be able to be self-sufficient and independent, so arranged marriages are often a solution that is chosen to ensure that they will be provided for. Due to cultural traditions, it is often much harder to speak out, and even more so if you are Deaf.

25. Women of all sexualities and gender identities are affected by VAWG; however, women who identify as LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual) are more likely to be affected. To ensure that transgender women and girls' experiences of misogynistic hate crime are reported to the authorities, the sector must learn to recognise transgender women survivors as both women and survivors. The police department must properly record and review the data to ensure that LGBTIQ+ specialist services are able to use it. There is a need for a commitment to transgender inclusion within the domestic abuse sector and funding to use for commissioning accessible LGBTIQ+ specialised services nationwide.

How sexual violence is being normalised within relationships, including strangulation,

26. The prevalence of sexually violent pornography may increase the likelihood that deaf children are exposed to viewing it from a young age, but without the opportunity to discuss what they are seeing with those adults who may be able to explain that what they are seeing is not considered the norm. If left unaddressed, children may grow up desensitised to the levels of violence and this may impact their understanding of consent; a topic which has received much attention in recent years. Our experiences working with children and young people show that the topic of 'consent' is not widely discussed in their networks, and there is a wider lack of awareness in the deaf community itself. This puts deaf women and girls at an increased risk of harm.

How organisations that women and girls turn to for support and help engage with issues relating to VAWG and their role in tackling and preventing it.

³ <https://www.nationaldahelpline.org.uk/en/bsl>

⁴ [A Safe Fund costing domestic abuse provision for the whole family in England and Wales_0.pdf \(safelives.org.uk\)](#)

27. There is a nationwide shortage of accessible services in the UK for Deaf women and girls. With the lack of 'by and for' services, Deaf women and girls' needs are not being met. Deaf awareness should be a mandatory part of all services and all staff should be trained in Deaf awareness. Services that do not have a basic understanding of Deaf awareness will not be able to identify abuse as it is presented to them, and in some cases may even contribute to the abuse. This could be by asking the perpetrator to interpret discussions, therefore giving them control. Organisations will often refuse to provide support due to perceived expense, such as the cost of a BSL interpreter. This in itself is a breach of the equality act and public sector duty around anticipatory provision; Deaf women seeking support are unlikely to have the requisite knowledge of their legal rights, leaving them feeling disempowered.

How VAWG should be prevented and addressed

28. Accessible information to be made available at every level - grassroots, organisational and statutory. Public workers should be made aware of how to respond in certain situations, signpost to relevant services or organisations, etc.

Whether there is sufficient and appropriate support available for victims

29. Many refuges lack basic Deaf awareness which further distresses women in a very difficult time. Based on information from survivors we have supported since 2011, we estimate that Deaf women stay in refuge for an average of 8.5 months, more than twice the national average of four months. Women who are in refuges often have to make difficult decisions when it comes to themselves and their children but when they are given insufficient information, these important decisions are made with the women being uninformed about their choices and rights, and can place them in danger. Staff from refuges will often call our service and ask our staff to relay information to our clients because they do not know how to communicate with them.

30. Provision of housing needs to be increased and prioritised for Deaf women. The Deaf community covers a broad geographical area, which means it is often not enough to just move to another borough, women will often need to move to another city. Another consideration that needs to be taken when relocating women is the services available to them in the new location - are the services accessible? There is a need to increase the number of 'by and for' services in order to meet the needs of the Deaf community across the UK. Currently, the few services that do exist are stretched and do not operate on a nationwide basis, creating a postcode lottery for Deaf women who need support.

What measures should be in place for perpetrators

31. Measures can be assessed in two ways; the first of which looks at the preventative measures that are put in place to reduce incidences of domestic abuse occurring. The second assesses the punitive or restorative measures which are established to deal with the aftermath of domestic abuse.

32. There is no provision in place to ensure that Deaf perpetrators fully understand the legal ramifications of a court order after it has been applied. For example, when the court awards an NMO, the perpetrator may not fully understand the implications of the court order and what the consequences

are should they breach it, nor do they receive support to reform themselves. This places Deaf perpetrators at a disadvantage when compared to their hearing peers, who will be afforded access to a variety of rehabilitation programmes. Deaf people may be offered the same, but they are unable to access them.

33. There are intervention programs in place designed to rehabilitate a person's behaviour, this is done through a series of workshops known as Domestic Violence Perpetrator Programmes (DVPP) which can vary from 1-2-1 or group sessions. Those programmes are aimed at perpetrators, male victims and young people who are using violence in their relationships.

However, it is essential that Domestic Violence Perpetrator Programmes are tailored in a way that will achieve the best outcomes. This means the programme has to take into consideration the perpetrators' background, education and beliefs and be prepared to challenge them. To date, there is no such program that is able to provide this service to the Deaf community; the logistics of running a service like this are problematic because the Deaf community is very small and it is difficult to maintain any level of confidentiality when a person's social network spans the whole of the UK community. The only alternative is to implement 1-to-1 sessions with the perpetrators and the caseworker, but if the caseworker is hearing, they may not have sufficient cultural competency to understand culture specific issues which may have cumulatively added to a perpetrators harmful behaviours. Conversely, the criminal justice system does not support Deaf prisoners effectively⁵ which often leads to reduced sentencing in recognition of this being the case; this also reduces the deterrent because sentencing is not equitable or reflective of the crimes committed.

The role of organisations and institutions including the police and criminal justice system, schools, colleges and education institutions, employers and trade unions, social media companies, local community and specialist services

34. There is a need for mandatory Deaf and interpreter awareness in judicial venues; courts often do not understand the intricacies of booking interpreters and intermediaries and the reasoning behind it, resulting in delayed court cases⁶. As a consequence, proceedings can take longer to come to a resolution, which can be harmful for victims, especially if they are still living in the same household.

35. There is a clear need for more deaf led services, with staff who have the cultural knowledge and competency to be able to support victims navigate the complexities of a diaspora community and support them to access services.

36. Presently, under the Public Sector Equality Duty, services have a duty to provide equitable access to those who need it. Despite this, SignHealth has seen repeated failings in those services whilst supporting our clients⁷. Those constant failures leave an already marginalised group even more vulnerable, and adds another unnecessary layer of trauma to their current experience. As a deaf led

⁵ <https://bda.org.uk/wp-content/uploads/2017/03/BDA-Deaf-Prisoners-Report-2016.pdf>

⁶ <https://www.sra.org.uk/globalassets/documents/consumer-reports/legal-choices-silent-process.pdf?version=4a31e6>

⁷ Le Fevre, J. (2015) More 'why' than 'what' – an evaluation. SignHealth Domestic Abuse Service

domestic abuse organisation, our role is to mitigate the high-level risk that our clients may find themselves in, however, we often find ourselves advocating for basic access requirements in addition to our role as YPVAs/IDVAs.

37. Children who attend specialist provision are more likely to receive education around abuse and consent in an appropriate modality, although this does not always happen. However, given that a growing number of deaf children are educated in mainstream settings without appropriate access arrangements, many of them leave school without having encountered discussions on these issues and without a nuanced understanding of what constitutes abuse. Specialist services who can deliver this training are available and schools with deaf pupils should have a duty to commission these organisations to ensure that these pupils are appropriately informed.

What lessons should be learnt from the 2016-2020 Ending Violence against Women and Girls strategy when developing the Government's 2021-2024 strategy

38. The 2016-2020 strategy was not accessible or accommodating for deaf women and girls as there is a severe lack of awareness of the Deaf community and the nuances of Deaf culture, as proven by the various barriers in the criminal justice system in terms of language requirements and appropriate sentencing. There is no cultural and linguistic competency and awareness, which means it is often difficult for the various components of the criminal justice system to make the appropriate and required adjustments to match the Deaf person's needs, be they a victim or a perpetrator.

39. Access is critical to a person's wellbeing, so when deaf people are denied that, there should be a clear line of accountability to ensure that issues are rectified.

40. There is a need for ownership of the process that supports deaf people when accessing services. SignHealth would like to see changes made so that statutory bodies, public services and charitable organisations are reminded of their duty to ensure that they are able to anticipate legally mandated provisions, and what the consequences are should they fail to meet those requirements.

41. The commissioning process for services requires more careful consideration as provision is rarely made for access costs. The lack of available funds for access is then cited as the reason that deaf people are denied services. To mitigate this, access provision should be an essential element built into the criteria of any service award; a fiscal budget should be allocated for accessibility and to be recognised as a primary feature of any service. Furthermore, it should be explicitly noted that any service without it would fail to meet its legal obligations from the outset. Systemic failings have been evidenced in abundance but the lack of accountability and consequence has prevented any real change from happening.

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