

**Participants:** Frida, Georgina, Jola and Sonia<sup>1</sup>

**SignHealth representatives:** Marie Vickers (Domestic Abuse Service Manager), Abigail Gorman (Policy and Public Affairs Manager), and a Deaf Independent Domestic Violence Advisor (IDVA) who did not wish to be named

**Members:** Tim Loughton MP (Acting Chair), Dame Diana Johnson MP, Diane Abbott MP

*British Sign Language (BSL) interpreters were also present.*

*To ensure the summary document reflected participants' views and experiences accurately, we held a follow-up session with the participants, facilitated by BSL interpreters, who signed the summary text back to them. In the course of that meeting, the participants shared further reflections which we have included at certain points in the text in Italics.*

## **1) Education of deaf children in schools**

1.1) Due to a lack of accessible material in mainstream schools, including teaching done in sign language, one participant said that deaf children fall behind in relationships and sex education – especially in what constitutes abuse, or rape, and also what appropriate, consensual relationships should look like. In addition, they said teachers do not understand the unique experiences of deaf people and the situations they are likely to be in, meaning they cannot tailor educational content towards deaf children and parents. A representative from SignHealth said she was shocked by how many children she had met who had experienced abuse because they weren't able to express themselves and talk about what happened.

1.2) A participant noted that outside of schools, there is little accessible information available around relationships and sex education and abuse in mainstream media. Parents with deaf children, who are themselves hearing, can find it difficult to teach these concepts in a way that can be understood.

1.3) A participant described how much easier integration would be for deaf people if hearing people learned sign language.

## **2) Recognising abuse**

2.1) Deaf people can express themselves differently to hearing people, making greater use of body language and visual cues. The participants explained how this can lead to abuse going unrecognised. One participant said professionals should be trained to identify domestic abuse and sexual violence. This is particularly important as deaf people already struggle to speak out and feel they won't be listened to because of existing communication barriers.

2.2) One participant suggested that in the workplace there could be mentors who are trained to recognise the behavioural signs of abuse in deaf people. They also said that hearing people in the workplace are often reluctant to book interpreters because they think it is too expensive and difficult.

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<sup>1</sup> Some names have been changed to protect participants' identities.

2.3) One participant shared an experience where a teacher had not recognised that they might be vulnerable during a parents evening at their child's school, when they were sat next to their abusive ex-partner and felt traumatised. Participants felt that teachers need to better understand how deaf women and girls might be abused.

### **3) Accessibility of support services**

3.1) Participants said there was a lack of understanding in the deaf community about what services they could access because these services do not have much visibility in mainstream and social media. The group, including a representative of SignHealth, said there needed to be more accessible information about what support services are available for deaf people, and for this information to be advertised more widely. It was suggested that all professionals should have access to appropriate training.

3.2) It was mentioned twice that deaf people had to wait to access services as they needed to be referred by a GP, for both mental health support and to access SignHealth's services. Participants noted that for them the process was very time-consuming compared to hearing people, and that delays had a negative effect on their mental health.

3.3) Another participant explained that some services only offer a phone number or text relay to contact them, whereas they would prefer to use video calls as it is better for sign language where it is important to communicate face-to-face.

3.4) Some participants said that because deaf people come from all kinds of different backgrounds, that a range of correspondence options – not just limited to British Sign Language and the English language – would be an important thing for services to offer to improve accessibility. A participant described receiving information in English as too overwhelming and that, when she asked for more support, none was provided.

### **4) The lack of interpreters available when accessing services**

4.1) Participants expressed how essential it was to have access to an interpreter when using services, but that often they simply cannot afford to hire one themselves. Participants agreed that organisations should provide interpreters for deaf people in order to remove the barriers that prevent them having the same level of access as hearing people. It was noted that services have sometimes offered interpreters but then later on said it is too expensive. Participants said that there can be long time delays before an interpreter can be found which causes added stress. In some cases, there have been delays of up to 2 weeks before an interpreter can be found to enable the deaf person to access the service.

4.2) One participant was receiving support in a divorce application from the Citizens Advice Bureau until funding cuts meant they were no longer able to provide an interpreter, leaving her unsure as to where she could find pro bono advice.

4.3) One participant noted that when she tried to access domestic abuse support, they only provided a trainee interpreter, so information got lost. Similarly, when she had appointments with a hearing therapist, there was confusion over who would pay for the interpreter.

4.4) A representative of SignHealth said it was important that deaf survivors are able to communicate directly with supporting staff, not through an interpreter. She also added that deaf survivors are better supported when there is consistency with those they are communicating with, rather than constantly changing interpreters.

(VAW0044)

4.5) An example of good practice was one London council's provision of interpreters: it is possible to book an interpreter in advance for support and advice, as well as in an emergency without a booking. One participant said that the government should learn from this council and look at how other councils could run a similar service. Participants said that accessing services is not easy and that the barriers made them feel alone or like giving up looking for help. A participant told us that being able to access services in her own language would change her whole world.

During the follow-up meeting, participants shared the following further reflections on accessing services:

*The participants agreed that professional services such as the police, GPs and other service providers should be better at communicating information to each other. They said that it is exhausting that every interaction requires them to repeat their communication needs, disability and history. They have to explain again and again but the information is never recorded or shared. A participant felt that technology should mean that this information can be easily saved and shared. One participant pointed out that at the GP it is easy to request language interpretation, and that on one occasion she had been provided with an interpreter in the language of her home country, but never a sign language interpreter. She said that BSL interpretation should be on the list of languages available as standard.*

*Another participant said that doctors, and other professionals, almost always ask identity questions about ethnicity and other characteristics but these forms do not tend to ask about disability. The participants said they wished they had the opportunity to state that they are deaf, along with their specific communication needs, on the form and as a result receive or be referred to appropriate services. They felt that disability and communication needs should be a standard part of these forms.*

## **5) The negative impact of Covid-19 restrictions**

5.1) A representative of SignHealth raised the issue that alongside the increase in reported domestic abuse during the Covid-19 lockdown, complex and changing information about restrictions was not communicated in an accessible way to deaf people.

5.2) People were not aware of their rights in this situation, and hearing perpetrators were able to take advantage of this, for example, by telling people they were not allowed to leave the house when in reality they could (due to exemptions for domestic abuse) and therefore coercive control easily took place.

5.3) The absence of face-to-face contact created further barriers for deaf people in accessing support.

## **6) Issues with the police and reporting abuse**

6.1) Participants said that deaf people are faced with difficulties in their encounters with the police that hearing people are not, further increasing their vulnerability as victims of abuse. Participants said that the police's attitude towards deaf people is very poor, along with their lack of understanding of deaf people's needs and experiences.

6.2) One participant was unable to provide a verbal statement to the police due to the fact that English was not her first language yet no British Sign Language interpreter was made available. The emails from the police that followed, sent in order to book interviews and to ask for more information, were written in complicated English and this participant was given no other accessible

(VAW0044)

means of contact. She said her rights had been challenged, and that nobody had taken into account the fact that she was not only deaf but also spoke English as a second language (the police assumed they would simply be able to respond in writing and understand their emails).

6.3) A participant described how it took all day for an interpreter to arrive at the police station, and 4 hours to make a statement; usually an interpreter cannot even be booked for the same day. In dealings with the police, she said she had previously had to rely on Google Translate and write tiny notes in English on a sheet of A6 paper. On this occasion, the participant's hearing parents, who do not speak English, had been present. The police used her parents to communicate with her, arranging for an interpreter who was fluent in their spoken language to interpret via police radio. The participant expressed disappointment that the police could arrange an interpreter for her parents, but not a British Sign Language interpreter for her, even though she was the person they were there to support. The participant felt she had to do double the work of a hearing person to communicate a crime to the police, and also felt ignored. Eventually the case was closed, which the participant felt was due to the communication issues. She said these barriers caused a serious decline in her mental health. The participant was being stalked, and said she did not feel safe at home.

6.4) The issue with the initial emergency call to the police was raised: one participant stressed that a hearing person is able to speak first and more clearly on the phone than a deaf person, and that if a perpetrator of abuse is hearing and present they can manipulate the situation and influence the initial impression the police gets of a reported crime.

6.5) It was said that there is a lack of consistency in how the police deal with deaf complainants. Sometimes there is more understanding, but other times deaf people are treated poorly, and that cases are handed over many times within the police.

6.6) Participants said that in some cases the police should know that they will need to bring a BSL interpreter when meeting a deaf person. However, the information that a person is deaf often seems to be missed by, or not communicated between, professionals. Participants felt that the police, and other professionals, fail to acknowledge and prepare for what deaf people need. The participants agreed that deaf people regularly have to check whether an interpreter has been booked and that the onus is always on the deaf person, not the service provider, to make sure this happens. The participants felt the onus needed to change.

## **7) What could be done to improve awareness in the police?**

7.1) It was suggested that police should provide emergency interpreters and that mandatory deaf awareness training, and specific training for addressing domestic abuse within the deaf community, was needed. Two participants said that a remote video relay service would be helpful to contact interpreters straight away, face-to-face. In particular for domestic abuse victims, having direct contact via video relay would make them feel safer when in a dangerous situation.

7.2) One participant flagged an example of where police procedures can improve, explaining that they should not arrest a deaf person in the usual way by restraining their hand behind their back but rather by the front. They said there should be more awareness that a deaf person using their hands to communicate in an arrest or confrontational situation is not being aggressive, but rather trying to express themselves.

During the follow-up meeting, a participant wanted to add the following specific example related to the police:

*She said the police tried to make her give a statement without an interpreter present because she is able to partially lipread. She felt the police did not acknowledge her right to have an interpreter and did not understand that by only lipreading, she may miss important things for the statement. She said the police pushed back on her request for an interpreter and wanted to muddle through; she said this shows a poor attitude towards deaf people.*

## **8) Issues when dealing with courts and the wider legal system**

8.1) Participants experienced difficulties going through the criminal justice system which were directly linked to them being deaf, as well as not always having the support and resources they need. Two participants said that having to constantly repeat themselves to make hearing people understand is exhausting.

8.2) One participant did not think the judge at their court case had much understanding or awareness of deaf women's experiences of abuse and harassment. They felt that a hearing person would have received more support and understanding.

8.3) One participant thought they had not been able to provide sufficient evidence for a case. They had reported sexual abuse to the police, but a delay in arranging an interpreter negatively affected the statement they were able to give. They were also examined in hospital following rape, but the lack of an interpreter made this difficult and distressing.

8.4) The same participant's court session was delayed as the interpreter did not turn up (the participant said they believed this had been forgotten about) which made the process even more frightening. The perpetrator received a 'not guilty' result, which the victim did not think would have happened if they had been adequately supported as a deaf person to provide evidence. The participant said they did not have any respect for the system, and that they had been given up on. The participant said they were still angry and did not know their rights or whether they could challenge the verdict.

## **9) Access to Legal Aid**

9.1) One participant pointed out that the budget for Legal Aid does not cover the costs of an interpreter, leaving no choice but to fund this out of their own pocket if they wanted to communicate with a solicitor in their own language. They said that the provision of interpreters should be covered by Legal Aid.

9.2) One participant, who applied after changes to the Legal Aid budget, was unable to access any financial support for the 8 years she was dealing with legal issues concerning an abusive ex-partner. Initially, her family were able to provide financial support to hire a barrister and a solicitor but as the complicated case went on for many years, eventually, they were unable to pay. She received no financial provision under legal aid. The participant believes that the changes to Legal Aid which meant she had no support should be reversed, particularly to support women who are suffering from domestic abuse.

During the follow-up meeting, participants shared the following further reflections on access to Legal Aid:

*A participant added that there is a cap on legal aid and if you go over a certain amount you cannot get support. She pointed out that if someone is suffering repeated domestic abuse, with a number of separate incidents, you will go over this threshold and then won't be able to afford to get help.*

*Another participant pointed out that deaf women on low incomes struggle to find out about the resources available to help them in their legal cases. There is much less information for deaf women about financial support and how to get it, which is an additional barrier.*

## **10) Recognition of British Sign Language and a British Sign Language Act**

10.1) Participants felt strongly that British Sign Language needed to be recognised by law and integrated into every statutory service, as barriers are present across services and institutions such as the justice system and mental health services. They were in support of the introduction of a British Sign Language Act.

10.2) One participant said that the government website should be fully accessible in BSL, as the information there is overwhelming for those who do not speak English as a first language (and that it could also be in a more international format for those arriving in the UK).

## **11) Issues around housing**

11.1) Participants felt that support for finding suitable housing was lacking. One participant explained the situation had left her feeling extremely vulnerable as an abusive ex-partner still knows the location of her home, and she, along with her child, are not able to move to a new house. She said that to apply for social housing she was told you have to be a resident in the borough for five years, despite the housing officer knowing the participant had suffered domestic violence and abuse. The participant wished that there were exceptional circumstances for people who have been through domestic abuse. The participant made a formal complaint but said the complaints process required a lot of written English which was very difficult. She said that having to explain to people again and again that she was deaf, and what this meant for communication, was exhausting and made her want to give up. She is still living in a one bed flat, with her child sharing her room, because she has been unable to move into a two-bedroom house. Even after providing evidence, including a statement from the refuge, the end result was an offer from the Housing Authority to change the locks of the property. This has left her feeling no less afraid than before. This participant was also asked to communicate through somebody who signs, but was not a certified interpreter, which was inappropriate. The interpreter did not know specialist language around domestic abuse, or understand the context of abuse, which made communication even more difficult. The participant still has anxiety and feels unsafe in her housing. She said this is difficult because she does not want her child to see she is living in fear. Being unable to move has had severe implications for her mental health. The participant said she was also unable to get housing in the private rented sector because in London it is incredibly expensive to rent a two-bedroom property as a single parent.

11.2) Another participant also said she had to flee her home along with her children because of an abusive male partner. She was not aware of any support they could receive or where to find it until a hearing friend found a solicitor to help. The participant and their children were homeless for a period before moving into a temporary flat. The abusive male partner, meanwhile, remained living in the original house and was unaffected; she had had to move boroughs to find safety while he was able to stay in their home with no issues. The participants all felt that male perpetrators get to stay in the same house, they do not have to pay and they don't have the responsibility, financially or emotionally of raising their children. The asked why it is the women who always have to find

everything and do everything when they are the victims. They felt that deaf men benefit from this privilege as well as hearing men.

During the follow-up meeting, participants shared the following further reflection on housing:

*Another participant wanted to add her experience of a similar issue. She left an abusive partner and sought social housing near to her parents in another borough. That borough would not give her housing because she had not lived there for the last 5 years. However, she did not want to live in the same borough, near her abusive ex-partner. No interpreter was provided and so one of her parents had to act as an interpreter to explain the situation and the fact she was fleeing domestic abuse. The council said her domestic abuse “was not serious enough” and did not acknowledge her vulnerability which meant she had to move into her parents’ home with her child. There was no housing for her. She said she felt that councils should give emergency housing to people fleeing domestic abuse and that abuse is abuse, no matter the level of severity.*

*The participants agreed that contacting estate agents was very difficult and presented a further barrier to accessing housing in the private sector. They said estate agents prefer to speak on the phone, which doesn’t meet deaf people’s needs, and by the time they are able to respond to emails or to send a text the property will be gone. Participants said it is exhausting constantly trying to explain to different estate agents their communications needs, and this contributed to the difficulty renting properties.*

*A representative of SignHealth followed up to say that if a victim of domestic abuse wishes to stay in the family home, and make the perpetrator leave, this can be seen by housing officers as an indication that their abuse was not that serious. She said mums can make this decision to try and keep children in their schools, and to ensure they can continue to access specialist services or work, despite feeling afraid. However, this means the housing officers do not take them seriously as victims. She said this attitude must change. The representative also gave a specific example of a deaf survivor whose child was in a specialist school for deaf children. As the child was receiving excellent education and care, and there was no guarantee they would be able to attend another specialist school if they moved, the deaf mum decided to try and stay in the home to ensure the child could stay in the school.*

## **12) Safeguarding within the deaf community**

12.1) The participants wished to remain anonymous because the deaf community is small and they could potentially be identified based on the evidence they have provided. There is also the risk of a perpetrator being able to identify them. One participant highlighted the negative effect this has on mental health as they were unable to share their trauma with other sympathetic deaf people. They explained that they were afraid to seek support unless they could be sure what they said would be treated confidentially, including approaching organisations for services.

## **13) Survivors of abuse in refuges**

13.1) A representative of SignHealth said that Deaf survivors are often denied access to refuges for unclear reasons supposedly to do with health and safety. She explained that while hearing women tend to leave refuges in six weeks, the average time for deaf women is eight and a half months. One reason for this is that hearing women can communicate with each other and with staff easily, whereas deaf women can find it more difficult to communicate with other survivors, leaving them very isolated and delaying the healing process. Another important factor is that hearing women within refuges are able to make appointments easily, use the telephone and so make progress with

(VAW0044)

their lives. Deaf women need to book interpreters, which they may not be able to afford to hire and so they have to wait before they can begin to progress their lives. Deaf women face specific barriers that are not present for hearing women.

13.2) Refuge staff have to be educated on supporting deaf survivors by SignHealth, as there are no other by and for specialist domestic abuse services provided in British Sign Language for deaf survivors to access.

#### **14) Funding of SignHealth**

14.1) A representative of SignHealth said that most funding of their organisation comes from local authorities, and from Police and Crime Commissioners, the Home Office, or London Councils. They are not always successful in their applications as the numbers of people in the deaf community are lower than in others. They feel that those allocating funding do not think it is worth spending the money on fewer people in need.

14.2) The same representative suggested that there should be set, allocated funding to SignHealth. There was the feeling that those who decide on funding do not understand the needs of deaf survivors of domestic abuse.

#### **15) Rehabilitating deaf perpetrators**

15.1) A representative of SignHealth spoke about the need to consider deaf perpetrators of abuse as well as victims, and whether rehabilitation programmes are less effective for them due to a lack of accessibility. They explained that aggression from deaf perpetrators is sometimes linked to barriers that they themselves have faced which hearing people might not understand, and that because of this it is important for deaf people to rehabilitate deaf perpetrators, rather than a hearing person or hearing people being the sole contact with perpetrators.

15.2) A SignHealth representative explained there were few accessible programmes for deaf perpetrators. Deaf people also don't have access to the Freedom Programme, whereas hearing people do.

15.3) The same representative suggested that it wasn't always suitable for deaf perpetrators to go on a hearing-oriented programme with an interpreter, as many deaf people and interpreters already know each other, and this may not be appropriate.

15.4) It was also said by a representative of SignHealth that reduced sentences for deaf perpetrators, who may struggle to communicate in prison, can be unfair.

15.5) It was noted that there is a need to consider deaf perpetrators in relation to NMOs [Non-Molestation Orders]; if no action is taken this behaviour will continue.

#### **16) Additional points**

16.1) A representative of SignHealth brought up the double and triple barriers that deaf people of minority groups face relating to issues such as forced marriage or FGM. They wanted to remind professionals that these multi-layered issues happen within the deaf community.

16.2) Another representative of SignHealth raised the point that important decision makers – for example those in government, MPs, and those who allocate funding – are usually all hearing people, and that the barriers deaf people face would improve if there was more deaf representation in

(VAW0044)

society. With reference to the 'levelling up' agenda, they expressed concerns that new structures would not be accessible and would discriminate against deaf people.

During the follow-up meeting, participants shared the following further reflection on housing:

*The participants agreed that regulation of social media is a really important issue for deaf people. They said there is no way for a deaf person to report abusive content in online as they cannot use the methods provided for hearing people or online forms. They said there should be a reporting mechanism that is accessible to BSL users. Another participant advocated for better guidelines and advice for deaf children on using the internet safely. She gave the example of a deaf child born to hearing parents, which is common; if the parents do not sign the child may find lots of signed content online and, because they are starved of communication in their own language, they become very attached to inappropriate signed content on TikTok or Instagram. The hearing parents cannot monitor or understand what their child is viewing. She said deaf children are at risk of grooming online. A representative of SignHealth pointed out that the police and regulators are unlikely to be able to recognise abusive online material in BSL.*

*One participant raised the lack of advertising of services for deaf people. For example, domestic abuse services always say "call this number for help" which deaf people cannot do. Similarly, the Ask for ANI scheme operating in pharmacies to indicate you need help are very difficult for deaf people who cannot communicate verbally. The adverts for such schemes, for example on posters in public toilets, are not communicated to deaf people whose first language is BSL, so often they do not know these schemes even exist. Often, adverts will be suggesting helpline numbers people can use to ask for help, but helplines are generally not accessible to deaf people.*

*A representative from SignHealth said that even existing support services, such as McKenzie Friends which provides a person to accompany a litigant to court for support, can be inaccessible to deaf people as they require an interpreter or a deaf McKenzie Friend. She said that the interpreters have been prevented from communicating with the McKenzie Friend or are only allowed to speak to a judge and legal professionals.*

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