

Domestic Abuse in Manchester

*Deaf community: the lack of understanding and knowledge of domestic abuse
– why is this the case?*

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Following the event of 18 January 2023 at Manchester Deaf Centre

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1. Deaf Community Definition

There are a lot of Deaf people in the UK. With an ageing population, about one in seven people has some kind of 'hearing loss'. There are an estimated 70,000 profoundly Deaf people in the UK who were born Deaf, or became Deaf at an early age. Their preferred language is usually British Sign Language (BSL), and they have their own culture and community.

The Deaf Community is not a single society with one purpose which one can "sign up for". It is a diverse meeting of individuals who come together for many purposes, but who share some basics of *experience, communication and commitment*. The communication will be in sign language. Deaf people experience many barriers in their daily lives, from access to communication, services and even within their families.

The Deaf community is composed of Deaf and hard of hearing individuals who share a common language, common experiences and values, and a common way of interacting with each other, and with hearing people (Baker and Padden 1998).

Some people are 'naturally born into' the Deaf community by being the children of Deaf parents. These members are in the minority since only 5% of the Deaf community will have parents who are both Deaf, with a further 5% having one Deaf parent. Up to 20% will have a Deaf brother or sister (Kyle and Allsop, 1982). Other Deaf community members are drawn from families where they are the only Deaf person within their family and they will have experienced some feeling of isolation as a child. For most children from Deaf families, sign language will be acquired and used in all situations where effective interaction is required. For those born into hearing families with no contact with other Deaf people in the early years of their life, language can be adversely affected and communication problems can be immense.

For the majority of the Deaf community, fluency in their native sign language may come later than is usual for spoken languages. It also means that the early experiences of childhood will be impacted due to unsatisfactory communication, understanding and interaction.

2. Deaf Education

Research conducted in 2020 revealed that Deaf pupils had achieved an entire GCSE grade less than their hearing peers (NDCS 2020). Results showed that the average score for Deaf pupils was a grade 4, compared to a grade 5 for hearing children. "Deafness is not a learning disability so there's no reason why Deaf pupils should achieve less than hearing pupils, yet they consistently do. The

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evidence proves that “these figures are yet further proof that our education system is consistently failing Deaf children. (NDCS 2020).

Research has shown that Deaf pupils experience disadvantage in the education system (Berry 2017). This disadvantage is associated with a lack of practice of learning, limited social skills, missing out on peer learning, limitations in knowledge of subjects and skills.

Traditionally, many Deaf pupils have found learning to read difficult and lack confidence with the written word. This is still the case for the majority of Deaf young people today. A profound piece of research on Deaf school leavers by Conrad (1979), revealed poor reading skills, often lacking the ability to understand even the basic written word associated with everyday tasks. Deaf school leavers in this study averaged an actual age of 15 years 9 months however, when assessed their reading level was that of a 9 year old aural child. The average reading age of the Natural Aural group was 13 years 4 months, which is a significant disparity.

3. Literature and evidence review

Deaf young people enter their adult lives having missed valuable learning opportunities and with limited life chances. The Deaf community struggles daily with stigmatisation, prejudice and barriers to communication. Mental health services are difficult for Deaf people to access. SignHealth’s ‘Sick of It’ report, found that cases of depression recorded amongst Deaf people were higher than the rest of the population (24% compared with 12%). The findings revealed that Deaf people have poorer access to health services, experience communication difficulties during consultations, and unsurprisingly, have poorer access to health information. The survey stated that 45% of Deaf people have to go to their GP practice in person to book an appointment. For hearing patients, the telephone is used by the vast majority. Perhaps as a consequence, 44% of Deaf people said they found contact with their GP practice “difficult or very difficult”.

The SignHealth report highlighted the idea of “barrier fatigue”, because of recurrent bad experiences of poor access and communication, and battles with the healthcare system. It is clear that some people would rather risk being ill than go through the difficulties listed above. Deaf people’s low expectations of healthcare are actually affecting their use of health services, potentially to their detriment.

Published in 2014, the Sick Of It report was the first major review of the health impacts on Deaf people of accessibility and communication barriers.

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The lack of effective communication between doctors and Deaf patients is apparent when you look at the statistics of Deaf patients accessing their appointments in their preferred language. For those Deaf patients whose preferred language was BSL (about 80%), very few were given the opportunity (about 30%). In reality, about 40% ended up using spoken English and lip-reading, when only 3% chose to do so.

The consequences of continued failure to health access plus on top of communicating effectively in family life, education, and employment results in many Deaf people being unable to read and write at a level that allows them to function successfully in everyday tasks. This creates an inability to independently complete tasks such as form-filling, read written correspondence or have casual interaction with other non-signing people.

There is also the added challenge of Deaf people who acquire BSL in later life, perhaps when they have left school or they join a Deaf club. It may be at this point when they discover their Deaf identity and as a result, learn BSL. These late learners appear to have varying levels of English as a first language, which may then be used to scaffold their learning of BSL as a second language later in life.

This results in long-term language deficits including less proficiency in any language, delay/gaps in knowledge and understanding of the world, delayed theory of mind and social isolation (Mann 2015). Deaf people who develop sign language at a later stage can be slower at recognising signs and need more visual information (Emmorey et al 1995). This can be due to the delay in first language acquisition, which as a result, can impact on how proficient they are in additional languages.

4. Methodology

The event took place on 18 January 2023 at Manchester Deaf Centre in Manchester between 10am and 4pm. It was hoped that participants would feel able to share their experiences and could begin to decipher the information and language/terminology surrounding Domestic Abuse.

Present in the room were representatives from SignHealth, Manchester Deaf Centre and Pankhurst Trust together with 10 Deaf and hard of hearing participants. The day's sessions were led by a Deaf IDVA from SignHealth and facilitated by Lynn Stewart-Taylor a Freelance BSL Consultant. In the morning, Sarah explored the topic; 'What is Domestic Abuse' with the afternoon seeing Lynn Stewart-Taylor's session aiming to gauge the participant's understanding of the topic plus use the suggestions and experiences of those there, to help shape the future of Domestic Abuse services for Deaf and hard of hearing people in Manchester. The day was very informal considering the nature of

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the topic and the possible personal experiences some of the participants may have or may be currently going through. It was important that the environment was conducive for sharing experiences and learning.

5. Participant profiles

For this research, 10 participants were surveyed. For reporting purposes, below shows a brief description of each candidate considering equality, diversity and including language preferences. It is important to understand the representation, particularly from an Equalities and Diversity perspective. To ensure anonymity, candidates have been labelled P1-10:

- P1- White male, aged 40-45 and a British Sign Language (BSL) user. He had been referred by probation. He, himself was a perpetrator, there had been no other available courses he could attend that were accessible in BSL. He wanted to learn how to change his behaviour. He did not understand how his actions were harmful and wanted to learn more about the impact of his actions on others.
- P2- White female, aged 60-65, BSL user.
- P3- White female, aged 40-45, BSL user and a member of the LGBT + community. She is a survivor of domestic abuse, which was learned through the personal experiences she shared throughout the session.
- P4- White female, aged 30-35, BSL user and a member of the LGBT+ community. She is a survivor of domestic abuse, again, recognised by the personal experiences shared during the session.
- P5- White female, aged 30-35, BSL user and recognises herself to be a survivor of domestic abuse.
- P6- White female, aged 40-45. She is Hard of Hearing (HoH) and communicates verbally on a 1:1 basis. Communication appears difficult for the candidate as she finds it difficult to lip-read and does not know any BSL. She recognises herself to be a survivor of domestic abuse.
- P7- White female, aged 30-35, BSL user.
- P8- White male, aged 50-55, BSL user and a member of the LGBT + community.
- P9- White female, aged 30-35, BSL user. As a result of the information she learned during the session, recognised herself to be a survivor of domestic abuse.
- P10- Asian male, aged 40-45, BSL user.

(The comments made by participants using BSL were voiced-over by interpreters present in the room and recorded by an electronic note-taker).

6. Survey results

Deaf community and lack of understanding and knowledge of domestic abuse - why is this the case?

[P2] There is a lack of communication/access. Parents did not know how to educate on this subject matter.

[P3] The Deaf community may not have been able to access the subject matter due to the language/jargon used.

[P4] There is not enough information in BSL, nothing is subtitled and there is a lot of jargon used. They felt that information needed to be made more accessible.

[P5] There is nothing taught in schools around the subject matter, particularly within Deaf education. Healthy relationships and abusive relationships were never talked about at school.

[P2] There is little information on domestic violence in Deaf clubs and nobody wants to discuss it. Bullying still very much occurs in Deaf clubs and therefore people worry about discussing such subject matters for fear of repercussions.

[P6] I did not know what an 'abusive relationship' was until I was in one. It was only when the abuse became physical that I decided to get help. I was referred by my doctor to a domestic abuse service. If I hadn't been referred, I feel I wouldn't have received any support.

[P4] Although there have been changes to the law around domestic violence, Deaf people are not aware because the information is not in an accessible format.

[P10] Following on from the previous comment; because there were not many laws in place years ago, Deaf people believe this remains the case. Again due to the lack of accessible information. This is why the majority of the Deaf community are not informed when it comes to domestic violence.

[P9] GP's are not aware that they should be booking interpreters when a Deaf person books an appointment. They should be more aware of the needs and rights of the Deaf community.

[P10] GP's are trained in medicine, they are there to check a patients physical health not to deal with domestic violence. That is not their responsibility. Would domestic abuse lead to health conditions?

[P5] In my case, the Police were very much involved. I had a small baby at the time and experienced numerous barriers in terms of access to services. This was due to a lack of support and

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being sent from pillar to post. In the end, I gave up. I was completely on my own. It was an extremely difficult time. I was a Deaf woman with a hearing baby, which in itself appeared to present a difficulty in terms of which service I should be sign posted to. Each service would refer you on to a different service, and that just kept happening. My situation was considered 'low level' and therefore I did not receive any assistance. I felt like I was being judged. They did not even investigate the case. There was no support given whatsoever.

[P1] In terms of the NHS, GP's, Court's etc, you would expect them to be knowledgeable about the training available. But I experienced so many barriers because part of my probation required me to attend domestic violence training. There was very little accessible training for BSL users looking to change their behaviours.

Do you feel there is a need for a Deaf domestic abuse service in Greater Manchester?

[P5] I was aware of the Pankhurst Trust, but I do not know what they provide in terms of support or whether they are accessible for Deaf BSL users.

[P10] I do not know of any in the area.

The participants were asked to raise their hands if they knew of any services within the area. Only 1 out of 10 (10%) raised their hands. The reasons stated were;

1. The services were perhaps unknown as they were not accessible for BSL users.
2. Information about those services was not in an accessible format, therefore BSL users would not understand what the service could provide in terms of support.
3. Making initial contact with the various services was not accessible as it was either via telephone or email.

Who knows about the services on the list?

[slide 5 from the presentation PowerPoint see appendix 1]

SignHealth Domestic Abuse Helpline

[P10] I have heard of it but don't know much about the services they provide.

[P6] I am aware of it because I used their service when I had experienced domestic violence.

[P1] I have heard of them.

When asked whether they had heard of the SignHealth Domestic Abuse helpline, 60% raised their hands, 30% were not aware of the service.

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The Pankhurst Trust

[P6] My GP told me about The Pankhurst Trust.

9 out of 10 (90%) of the participants did not know about the service.

A question was put to a staff member from The Pankhurst Trust:

[P4] **Is your service available 24/7 and do you have a contract with SignVideo?**

Response: We are not a 24-hour service and we do not have a contract with SignVideo. We would suggest contacting the Police if it is an 'out of hours' situation.

Local DA service

[P2], [P5] and [P4] were aware of the service, however the remaining 7 out of 10 (70%) were not.

Police - Would you ask someone hearing to call for you?

3 out of 10 (30%) of participants mentioned that a couple of years ago they would have had to rely on a hearing person to make the call as there was no accessible way for a Deaf BSL user to make contact with the police.

[P4] I would only ask a hearing person if there was no other way.

Police – Would you text 999 yourself and communicate with them via text?

[Emergency SMS is part of the standard 999 service which has been designed specifically for people with hearing loss or difficulty with speech. Since September 2009, the emergency SMS service has successfully handled hundreds of real emergency calls.]

[P1] From my experience, it was a really slow service. I have rung 999 before, but I have not used the 999 BSL app.

[P1] There is a lot of jargon used which I find is a barrier to using the text service.

[P4] I have used both, there was a bit of a delay when using BSL via the App.

[P5] You would need to ensure you could find some privacy in which to make the video call as your partner may also understand BSL. If they could see you making the emergency call, you may be a further risk.

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A staff member from The Pankhurst Trust, informed the group that if you press 999 55, the police will know to come to your house regardless of whether or not you speak into the phone. They will recognise that for whatever reason, you are unable to speak directly to the operator.

[P5] I was not aware that if you rang 999 55 the Police would recognise it to be a call relating to domestic abuse.

[P4] and [P5] were also not aware of this.

[P2] This is news to me, I did not know about this.

Miss Lynn Stewart-Taylor asks [P6] - would you know how to contact the Police?

[P6] I did not know at first how to make contact, but since receiving support I now know. When I first contacted the police I physically attended the police station. As far as I was aware, that was the only way to contact them.

[P10] I did not know there was a number you could contact if you were worried you or someone you were with was at risk of, or being subjected to, domestic violence.

Do you feel there is a need for a Deaf Domestic Abuse Service in Greater Manchester?

2 out of 10 (20%) of the participants stated they would prefer a Deaf-led service. They said it would be challenging if they were to use a service with no BSL provision for accessibility reasons.

[P9] It would depend upon who the interpreter is.

[P2] Deaf people *may* be happy to access the service if the person dealing with their situation was a CODA.

[The word coda, or CODA, is an [acronym](#) that stands for child of Deaf adult(s). Coda is typically used to specifically refer to a hearing person who has a Deaf parent or parents or a Deaf guardian or guardians. They do not have to be qualified.]

[P3] There are not a lot of services for Deaf people. Additionally, it is expensive to provide interpreters.

[P5] The Deaf community is so small. You may not wish to discuss your situation with another member of the Deaf community despite their experience and qualifications. For this reason, I think most Deaf people would choose to use a hearing-led service. They may feel that if it was Deaf-led or had Deaf employees, that their personal information would be divulged/discussed within the Deaf community.

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Lynn explained to the Deaf participants that confidentiality in the workplace is rule number one in the book of business etiquette. Not only are you showing your customers, clients and employees a level of common courtesy by protecting their data, you are also fulfilling your legal responsibility to prevent sensitive information from being leaked. This clearly indicates that the Deaf candidates do not fully understand the laws there to protect them, which in turn leads to fear of personal information being shared amongst the Deaf community.

[P4] I would consider using both a Deaf-led and a hearing-led service-there are pro's and con's for both. I do feel trust is the biggest barrier to using a Deaf-led service.

Do you feel that the services should be a variation of hearing staff with a high level of BSL or CODA staff and Deaf staff with BSL? Would that be something you would like to see in the future?

[P4] Definitely

[P9] Yes

10 out of 10 (100%) of the candidates nodded their head and agreed that balance is key in considering the future for DA.

How do you feel about having a Deaf-led refuge?

[P5] If it was Manchester, I would feel safe.

10 out of 10 nodded their head, agreed with this question.

What is the best solution?

[P5] I moved out of the area. If you stay local, the information will get back to the Deaf community in which you are situated.

If it was accessible and specifically for Deaf people, would that be preferable?

[P9] I think it would be worth having a service like that available.

[P4] I am unsure as to how that would be received.

Group of participants sat together and agreed on a fully inclusive and BSL friendly service - cited by [P1], [P2], [P3].

[P5] Accessibility is so important, to be able to communicate directly with staff in British Sign language.

[P1] I ended up moving up North and settling down there.

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Anything else you feel you want to add for us to share with the commissioners?

[P2] Regular training.

[P1] This has been invaluable training and I feel more people would benefit from such training.

[P8] As there are so many changes in Law as well as recognition of different types of abuse I think it's so important to have regular training so we are informed.

Further feedback

- I didn't know what gaslighting was. That's a new word I've learned today.
- I didn't realise I was experiencing domestic abuse - I was 22 at the time. My ex-partner slashed my tyres, threatened to kill my dog and put naked photos of me on social media. All my friends and family text me to tell me as I didn't know it was on social media. My heart was in my throat. I had to tell my boss as I was at work. They rang the police. Because of that I had to leave the relationship- I had only been in the relationship for 3 months. I didn't know until today that it was domestic abuse.
- Asking for support, I faced a lot of barriers. Trying to get support from social services was like being in a pinball machine - so much going back and forth.
- I find it difficult to meet new people because I've lost trust in people. This has been a really useful workshop but it's not enough on its own. I have learned so much but it's a lot to take in on one session.
- I realise now, it's not me - it's not my fault
- There is no awareness of how to book BSL/English interpreters and/or fund them to enable access within a mainstream service
- Using BSL/English Interpreters - I still feel anxious and disempowered. I would benefit from speaking with a Deaf support worker or advocate.
- I wish I understood more about Domestic Abuse before. All of us here didn't have the knowledge or understanding to recognise it at the time, opposed to hearing people who have more opportunities and access to this type of information.
- When I ask for help, often I get turned away because there is no money to pay for interpreters. There is no help for me.
- I had to sort it out on my own. It was horrible. Now that I have been here at this workshop, I know where to go. Wish I knew about this before.

7. General learning points

The following points apply across the Domestic Abuse Service in Manchester:

- There is a need for specialist workshops, other funding streams ought to be considered.
- Lack of training : higher attendance if workshops were also run evenings/weekends.
- Additional sessions needed for participants to fully comprehend Domestic Abuse and the various ways it presents itself.
- 9/10 (90%) of attendees stated the need for a Deaf/hard of hearing safe house-in various localities to allow choice for those not wishing to remain within the local area.
- 10/10 (100%) of attendees said they would like to see a specialist Domestic abuse service which caters for both Deaf and hard of hearing people with staff members who are Deaf/hard of hearing/hearing, but all of whom are competent sign language users (British Sign Language level 3 minimum). This allows freedom of choice for service users. Some stated they may prefer to communicate with someone outside of the Deaf community that can communicate effectively in British Sign Language.
- SignHealth Domestic Abuse is the only service of its kind in the UK, offering direct support to BSL users without the need for BSL/English Interpreters . A new service could prove vital to BSL users across the UK.
- All staff should have Deaf Awareness training. Participants stated their concerns at not being able to communicate their experiences - this may be because of a lack of Deaf awareness, sign language and/or the access to information from healthcare/education providers.
- The systems in place within mainstream organisations often only lend themselves to spoken language being the prime method of communication. Deaf people and their needs can be overlooked. So when a Deaf person tries to access a service, funding an interpreter becomes a barrier. Such funding should be considered when establishing any vital services.
- Participants also expressed the need to have such information made accessible online (BSL videos) to enhance their knowledge and /or update them of any changes in regulation.
- Almost all Deaf participants are currently dissatisfied with the way general services communicate with them.
- Majority of participants felt too vulnerable and exposed when trying to access mainstream services due to the lack of access. These services should provide a text (SMS) number as well as a Video Relay Service (VRS) such as SignVideo/SignLive to enable Deaf/hard of hearing people to access their services.

8. Recommendations

- All staff should receive Deaf Awareness training.
- Each service should have a system in place for booking communication support, and all staff to be familiar with it.
- Information on Domestic Abuse should be made available in BSL (with subtitles) on websites and social media.
- Deaf people should be able to contact services using SMS or e-mail.
- Provide more funding to enable SignHealth to set up further vital training for Deaf and hard of hearing in Manchester.
- Consider a specialist Domestic Abuse service to work in partnership with SignHealth to cater for both Deaf and hard of hearing people.
- Technology could help remove some barriers faced by BSL users , e.g. Contract with VRS such as SignVideo/SignLive.
- Collaboration is key! Areas of joint work could include: SignHealth contracting interpreting services, funding accessible health information, providing community support workers, etc. Each of these initiatives is more effective (and cost!) when done 'at scale'.

9. Summary

In summary, the recommendations listed above should be the bare minimum in terms of service provision/training for Deaf/hard of hearing people. From my observations it was clear from the reactions and responses given from each participant, that, had they accessed this information sooner, they may have sought help at an earlier stage or even prevented certain situations from happening. There is a clear need for such training and on a regular basis. The lack of education on the topic of Domestic Abuse was quite alarming. Certain language, that I would imagine most hearing people would be familiar with, were met with confusion by our participants.

With increased awareness, we can positively impact on the mental/physical health of Deaf/hard of hearing people. Preventative work is as important as the advancement in service provision. You should see this reflected in the recommendations set out above.

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