

DAC Mapping Report: SignHealth submission

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1. Foreword

The purpose of this report is to provide detailed mapping of the domestic abuse services available to support deaf people living in England. This report was prepared by Abigail Gorman, Policy and Research Manager at SignHealth, at the request of the office of the Domestic Abuse Commissioner for England and Wales.

This report was commissioned by the Domestic Abuse Commissioner in 2021 to identify gaps in services and provisions for deaf and disabled victims and survivors. The research was led by SignHealth and Stay Safe East, with both organisations collaborating on survey design and analysis.

However, during the course of this project, we were deeply saddened by the passing of Ruth Bashall, the project lead and policy and projects advisor for Stay Safe East. Out of respect for Ruth and in recognition of the impact her loss had on the Stay Safe East team, we decided to pause the project rather than place undue pressure on the organisation during a period of mourning and adjustment.

Ruth's extensive contributions to the domestic abuse and disability sectors were invaluable. Her expertise, advocacy, and vision were grounded in a profound respect for the rights and dignity of deaf and disabled women, particularly their right to safe and inclusive services. Her work continues to inspire our commitment to ensuring that all deaf and disabled women have access to the support and respect they deserve. This report is dedicated to honouring Ruth's legacy and lifelong dedication to domestic abuse policy.

2. Summary of key findings

Geographic availability of deaf domestic abuse services

- Deaf domestic abuse services are generally small-scale, often with limited staffing and geographical reach. Few organisations offer comprehensive support across regions, relying instead on remote assistance.
- SignHealth stands out as the sole by-and-for deaf domestic abuse service offering the full range of expected support services.
- While other deaf domestic abuse services exist, they are geographically restricted or offer limited support. There are no funded by-and-for deaf domestic abuse services that exist in Southwest England, the North of England, or in Wales (see map on page 14).
- Access to services for deaf survivors varies widely by location, akin to a postcode lottery. This places the responsibility of support largely on informal networks rather than formal service provision.
- There are currently no services specifically tailored to Deaf BSL users who are abusers or perpetrators, nor are there dedicated perpetrator programmes for deaf people.

Funding

- Deaf domestic abuse service funding streams are diverse but inconsistent, leading to disparities in service quality and availability across regions. This highlights the 'postcode lottery' nature of these services, in which the availability and quality of support can vary considerably by location.
- The number of people leaving a by-and-for domestic abuse service in sign language were exceptionally low, yet resources remain limited.

Access to mainstream services

- Mainstream services frequently lack culturally specific knowledge and digital infrastructure to support deaf people, contributing to a high number of clients leaving the service.
- A lack of clarity and accessibility in complaints processes further restricts deaf survivors' ability to challenge unsuitable service provision.

- High rates of Deaf people leaving mainstream services are attributed to interpreter-related challenges, including prolonged delays and frustration.
- Deaf survivors face challenges accessing refuge spaces due to lack of awareness surrounding deaf people's rights and needs, leading to isolation and limited support.
- Deaf people often bear additional financial and emotional burdens, termed the 'deaf tax,' when mainstream services fail to meet their needs.
- Survivors also bear the emotional burden of advocating for their rights alongside coping with the trauma of abuse.
- Inconsistent policies and procedures in judicial systems create access barriers for deaf survivors and the deaf professionals supporting them.

Awareness of domestic abuse

- A significant number of deaf people are unable to recognise abuse, even when they are the ones experiencing it.
- Publicly accessible resources on domestic abuse are scarce, with most provided by SignHealth, other deaf-led organisations, and a select few police forces.

3. Recommendations

Refine and review commissioning framework

- Commission a national specialist service for the deaf community to address the current disparities in service availability across regions.
- Re-evaluate existing tendering procedures, introducing mandatory criteria for national organisations bidding for contracts. These criteria should either require them to demonstrate their capability to directly meet the needs of the deaf community through specialist staff or establish co-production partnerships with local by-and-for service providers and deaf organisations.
- Recognise and redress barriers which currently prevent local specialist support services from tendering for contracts which would directly benefit their community. Allow smaller organisations to apply for grant funding, which can be used to meet an identified community need and support local face-to-face initiatives via community outreach services.
- When commissioning services, there should be a clear expectation that service providers possess adequate knowledge of the best practices highlighted in our 'Best Practice' section.
- There are currently no perpetrator programmes available for deaf people. Allocate funding for research and the development of dedicated services and programmes to assist in the rehabilitation of deaf perpetrators, disrupt cycles of abuse and promote positive change within the deaf community.

Accessible communication infrastructure

- Research has shown that due to lack of accessibility, deaf survivors require a longer period of support, compared to hearing people. Effective support must include the commissioning of holistic wrap-around services such as specialist IDVAs and outreach advocacy, as well as the provision of suitable refuges within their region.
- With the introduction of 999 BSL, BSL users can now contact first-responder emergency services whenever necessary, provided they have a device that is compatible. However, a seamless transition from the initial Video Relay Service contact to the arrival of emergency services is essential. This transition can be facilitated by Video Relay Interpreting and there is existing infrastructure in place to support it. It is imperative that all frontline professionals assume responsibility for effective communication by ensuring that they are able to access this via an app on their work device.

Cultural competency embedded in domestic abuse sector training

- Implement deaf awareness training at all levels within the Domestic Abuse sector, including those responsible for commissioning services.
- Contracts must explicitly define and monitor accessibility requirements as integral components of minimum commissioning standards. This entails embedding access costs in tenders and contracts and a standard to be created that demonstrates adequate knowledge relating to enabling communication between deaf people and service providers. Client recording systems should include collation of 'Deaf' and 'BSL' and 'other forms of sign language' as part of their monitoring requirements.
- Review the suitability of the HMCTS current training offer and ensure that culturally informed professional development programmes are commissioned to up-skill all professionals working with deaf domestic abuse survivors. This review should also consider whether publicly available resources related to domestic abuse are accessible, ensuring that they are made available on all VAWG and domestic abuse organisations websites, and that there are appropriate signposts to specialist organisations.

Principles of inclusive design and capacity building

- Ensure there is access embedded within all emergency accommodation and housing provision for deaf people. Establish a set of minimum requirements that all provisions must adhere to.
- Long term solutions should prioritise the research and development of culturally appropriate refuges that support inclusive design theory; supporting deaf survivors to benefit from professional support, peer networks and healing interventions, without the inequitable burden of advocating for their communication needs to be met.
- Provide funding to commission an independent review of the services available for deaf victims and survivors. This review will help establish a framework which supports best practice and quality standards for a model of inclusive excellence.

- Expand the geographical reach of specialised deaf provision as well as increasing the capacity of current services to satisfy local demand. This can be achieved through co-production and local authority collaborative working; creating regional centres by pooling resources would help remote areas maximise support and expand their community reach.

4. Introduction

Domestic abuse is a widespread social issue that affects people from all areas of life. It affects 2 million people annually, leads to over 100 deaths, and costs society £74 billion¹. The Government has committed to allocating funds to ensure the existence of provisions that offer support to those in need. However, not all provisions cater adequately to the diverse needs of victims and survivors. This report seeks to highlight the current landscape of specialist support for deaf people who have faced domestic abuse in England and Wales.

Within this document, we define specialist support as assistance provided by organisations run by and for deaf people, with a more comprehensive definition to follow in subsequent sections.

Through an evaluation of inclusive services, drawing insights from discussions with professionals within deaf organisations offering domestic abuse support and input from deaf victims and survivors, this report seeks to map out the provision of specialist support. It includes:

- Creating a provision map of specialist support services for deaf domestic abuse victims and survivors.
- Assessing the extent to which these services are delivered by deaf professionals.
- Identifying service gaps and proposing recommendations for a robust and cost-effective business case to procure specialist services.
- Identifying and/or establishing models of good practice within the sector.

Specific indicators will highlight the best practices identified throughout discussions. These indicators serve to demonstrate what is thought to be effective or beneficial approaches to providing support for deaf people experiencing domestic abuse.

This report not only underlines the significance of sustainable funding and resources essential for sustaining this crucial support network, but more importantly, provides clear recommendations on actions needed to ensure that deaf people facing abuse can receive the necessary support.

¹ GOV UK: <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy/tackling-violence-against-women-and-girls-strategy#fnref:10>

5. Context

Domestic abuse impacts people from all backgrounds, and while support provisions exist, the way deaf people need support differs from other minority groups. The unique history of Deaf culture, their cultural experiences, and linguistic preferences significantly influence their access to services. This section will explain the relevance of these factors in shaping their experiences in seeking help.

Here is a list and explanation of key concepts and relevant legislation related to the rights and experiences of deaf people.

d/Deaf

In this report, we use the term deaf to be inclusive of both people who are culturally deaf and use sign language and deaf people with other communication preferences. On a small number of occasions, where an individual refers to themselves as “Deaf” or the reference is only to BSL users, we use an upper-case D.

British Sign Language

British Sign Language (BSL) is a visual-spatial language indigenous to the UK with recognised legal status. BSL is more than just a manual representation of English; it is an independent language with its own linguistic structures and rules. BSL, like spoken languages, allows for regional variances and dialects that reflect the different cultural and linguistic landscape of the UK's deaf communities. The British Sign Language Bill received Royal Assent in 2022² and is now enshrined in UK law.

Language deprivation

Language deprivation, which occurs when young deaf children are not exposed to a natural language during periods of critical development, has a significant impact on both cognitive and linguistic development.

Research shows that 90% of deaf children are born to hearing parents who do not sign, and consequently, the language used at home is likely to primarily rely on speech which deaf children often find challenging to access³. This delay can also affect their wellbeing, their capacity to regulate their emotions effectively, leading to delays in forming positive connections with others⁴. If a child cannot access the natural language learning experiences in their primary language, it heightens the likelihood of enduring impacts on their emotional development into

² BSL Act 2022: <https://www.legislation.gov.uk/ukpga/2022/34/contents/enacted>

³ Mitchell RE, Karchmer M. Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Stud.* 2004;4(2):138–63.

⁴ English, T., John, O. P., & Gross, J. J, 2013. Emotion regulation in close relationships. In J. A. Simpson & L. Campbell (Eds.), *Oxford library of psychology. The Oxford handbook of close relationships* (p. 500–513). Oxford University Press.

adulthood and influences their responses to stressful situations⁵. If a child does not have the opportunity to acquire a fully functional mode of communication during their early years, they may experience language deprivation, which can significantly compromise their education, limit learning opportunities, and hinder their ability to acquire language fluently⁶.

The influence of early development on reactions to stressful circumstances gains specific relevance in our report and highlights the importance of recognising potential obstacles when victims and survivors attempt to interact with service providers, compounded by the lack of accessibility, and heightened emotional distress.

Education

The Warnock report of 1978⁷, incorporated into the Education Act 1981⁸, advocated for the mainstream education of students with special educational needs. This directive led to many deaf children attending mainstream education without receiving the necessary specialised support, resulting in literacy skills comparable to those of eight-year-old hearing children⁹. This literacy gap has important ramifications, especially when attempting to access domestic abuse support. Deaf people who have experienced language loss and little exposure to written English during their formative years may fail to understand information delivered in writing, rendering it an unreliable mode of communication, incapable of ensuring meaningful access¹⁰.

Communication methods

The communication methods and styles of deaf people vary due to a range of factors, including cultural and audiological dimensions. These factors encompass aspects such as the level of hearing, early relationships and parental attachment, access to language acquisition during formative years, educational opportunities, support networks, cultural identity, and local service provisions.

Despite potentially sharing similar levels of deafness in audiological terms, deaf people's lived experiences and identities diverge significantly. Each person has their own understanding of what it means to 'be deaf'. For instance, the level of residual hearing and cultural beliefs can influence personal preferences and comfort levels in specific situations. The communication

⁵ Puente. C, Garvi. D, Gómez. L, Álvarez. A., 2019. Emotional Functioning, Positive Relationships, and Language Use in deaf Adults. *Journal of deaf studies and deaf education*. 25. 10.1093/deafed/enz03

⁶ Mitchell RE, Karchmer MA. Parental hearing status and signing among deaf and hard of hearing students. *Sign Language Studies*. 2005;5(2):231–244.

⁷ Warnock Report (1978). *Special Educational Needs. Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. London: Her Majesty's Stationery Office. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20101007182820/http://sen.ttrb.ac.uk/attachments/21739b8e-5245-4709-b433-c14b08365634.pdf>

⁸ Education Act 1981, c.60 Available at: <https://www.legislation.gov.uk/ukpga/2011/21/contents>

⁹ <https://www.nuffieldfoundation.org/wp-content/uploads/2017/11/Summary-Reading-and-dyslexia-in-deaf-children.pdf>

¹⁰ Swisher, M.V. (1989) 'The language-learning situation of deaf students', *TESOL Quarterly*, 23(2), p. 239. doi:10.2307/3587335.

requirements of deaf people are diverse, highlighting the importance of avoiding a one-size-fits-all approach.

Given this diversity, it is crucial to acknowledge and respect individual communication needs and preferences. Providing flexible communication options ensures that interactions are effective and inclusive for all members of the deaf community.

All these factors highlight the urgent need for tailored support and accessible communication methods for deaf people experiencing domestic abuse. Prioritising solutions for language barriers and empathically addressing emotional distress are essential for providing effective support.

a) Legal rights

In the United Kingdom, many legislative frameworks exist to ensure that deaf people have equal access to domestic abuse services and are protected by the law. Below is an outline of each framework and its function in protecting the rights of deaf people.

Equality Act 2010

The Equality Act 2010 prohibits discrimination on a variety of grounds, including disability. Deaf people have the right to receive fair and equal treatment when accessing domestic violence services¹¹. Service providers are legally obliged to offer reasonable adjustments to meet the unique needs of deaf people, ensuring accessibility.

Human Rights Act 1998

This Act incorporated the European Convention on Human Rights into UK law¹². Relevant articles, such as Article 3 (freedom from torture or inhuman or degrading treatment), Article 8 (right to respect for private and family life), and Article 14 (prohibition of discrimination), protect deaf people from discriminatory practices and ensure their dignity and privacy.

Care Act 2014

The Care Act places duties on local authorities to assess and meet the needs of people with care and support needs¹³. Deaf people experiencing domestic abuse may have specific care and support needs, and the Act requires authorities to consider and address these needs in their assessments and provision of services.

¹¹ Equality Act: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

¹² Human Rights Act 1998: <https://www.legislation.gov.uk/ukpga/1998/42/contents>

¹³ Care Act 2014: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

Domestic Abuse Act 2021

The Domestic Abuse Act strengthens the legal framework for protecting victims of domestic abuse¹⁴. While it does not specifically focus on deaf people, it ensures that support services are available and accessible to all victims, including those with specific needs.

Public Sector Equality Duty (PSED)

Part of the Equality Act, the PSED requires public authorities, including those providing domestic abuse services, to actively promote equality and eliminate discrimination¹⁵. This duty mandates proactive measures to address barriers that may disproportionately affect deaf people, emphasising the importance of inclusive practices and accessibility.

b) Institutional discrimination

When those legal frameworks are applied within the context of domestic abuse services and the needs of victims are not met - this is institutional discrimination. When services fail to address the special requirements and obstacles faced by deaf people who have experienced domestic abuse due to communication challenges, lack of accommodations or inadequate provision of services tailored to their needs thus leading to insufficient support, this is a violation of their rights because it denies them equitable access to support.

The following are various forms of discrimination faced by deaf people while seeking access to domestic violence services.

Direct discrimination

This occurs when deaf people are treated unfairly in comparison to others because of their deafness. This could happen if domestic abuse services refuse to offer interpreters or communicate appropriately with deaf people, denying them access to critical resources.

Indirect discrimination

This arises when policies, practices, or procedures disproportionately disadvantage deaf people compared to others. An example could be if domestic abuse services predominantly rely on telephone communication, which would disproportionately exclude deaf people who cannot use this mode of communication effectively.

Duty to make adjustments

Under the Equality Act 2010, service providers have a duty to make reasonable adjustments to accommodate the needs of disabled people, including those who are deaf. This duty requires domestic abuse services to take proactive measures to ensure accessibility, such as providing

¹⁴ Domestic Abuse Act 2021: <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

¹⁵ Public Sector Equality Duty: <https://www.legislation.gov.uk/ukpga/2010/15/section/149>

sign language interpreters, offering written materials in accessible formats, or using alternative communication methods.

Failure to make reasonable adjustments

If domestic abuse services fail to make reasonable adjustments to accommodate the specific needs of deaf people, such as by not providing accessible communication methods or tailored support services, it constitutes a breach of their legal obligations. This failure can result in deaf people being denied equitable access to support, which is a violation of their rights under the Equality Act 2010.

Compounding/cumulative risk factors

Underreporting of domestic abuse incidents within the deaf community can occur when services are inaccessible or unresponsive to their needs¹⁶. This underreporting may result from a lack of trust in the support system or a belief that the services are incapable of effectively assisting them, thereby perpetuating a cycle of abuse.

Additionally, inadequate support can result in a "revolving door" effect, where deaf people seeking help face barriers, disengage from services, and ultimately return to abusive situations due to ineffective intervention. This cycle not only fails to address the root causes of domestic abuse but also prolongs the suffering of deaf survivors.

The emotional distress experienced by deaf victims when they feel ignored or unsupported by services meant to help them further highlights the importance of addressing their specific needs. Inaccessible services can lead to feelings of isolation, exacerbating the emotional consequences of domestic abuse and perpetuating a cycle of distrust and disengagement¹⁷.

This holds relevance due to the unique challenges faced by deaf people who have encountered language deprivation or dominantly use BSL. Written English, often an unreliable means of communication in many cases, results in a lack of meaningful access for the deaf community¹⁸.

To address these potential repercussions, domestic abuse services must be proactive in making acceptable adaptations, providing accessible communication alternatives, and adapting support to the deaf community's specific needs. This may include staff training, guaranteeing the availability of communication support such as sign language interpreters, and actively interacting with the deaf community to understand and address their specific difficulties. This proactive approach is essential to uphold the rights and wellbeing of deaf survivors and to break the cycle of abuse within this community.

¹⁶ Women Aid: <https://equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf> - Pg 23

¹⁷ Sister of Frida: <https://www.sisofrida.org/wp-content/uploads/2020/05/The-impact-of-COVID-19-on-Disabled-women-from-Sisters-of-Frida.pdf>

¹⁸ British Deaf Association: https://bda.org.uk/wp-content/uploads/2017/03/BDA_Accessing_Public_Services-Issues_for_Deaf_People-London_Boroughs_12-2014.pdf

c) Definition of ‘by-and-for’ organisations

The definition of a ‘by-and-for’ organisation is as follows: an organisation with board and staff members who are representative of the community it provides services to; in this context, run by deaf people and providing services for deaf people. To be recognised as a deaf and disabled People Organisation (DPPO), the requirements are as follows¹⁹:

1. The Management Committee or board has at least 75% of representation from deaf and disabled people.
2. At least 50% of the paid staff team are deaf and disabled people with representation at all levels of the organisation.
3. They provide services for or work on behalf of deaf and disabled people.

When defining by-and-for services, it is important to acknowledge the diverse needs of the deaf community. Many organisations provide not only domestic abuse services, but also a variety of additional services. Therefore, we have approached the evaluation of organisations mentioned in the survey holistically, considering the organisation, rather than solely focusing on the individual domestic abuse service.

For domestic abuse providers operating within organisations that offer multiple services, meeting the criteria for being recognised as by-and-for services can present challenges. While some staff members may be hearing but have deaf awareness and are able to communicate directly with clients in BSL, this may not meet the requirement that at least half of the paid staff team be deaf and disabled people. However, it is important to note that other services inside the organisation may fully meet all DPPO standards.

It should be noted that smaller organisations are often unable to invest in the training and upskilling of deaf personnel due to funding and/or budget constraints, which in turn, has a negative impact on capacity. Therefore, when prospective providers seek qualified professionals, there is a limited pool of deaf candidates with the required qualifications, even though many candidates possess the cultural competence and skill set for the roles. This ongoing challenge results in organisations intermittently meeting the criteria of a by-and-for organisation, depending on the staff composition at any given time. To maintain their status as by-and-for organisations, they require financial stability to ensure that deaf staff receive the necessary support to attain the required qualifications.

The benefits of procuring by and for services are essential when working with community groups, survivors, disabled people, and global majorities as they have an innate understanding of navigating society based on their lived perspectives²⁰. Consequently, the time, understanding, and experience required by groups that do not operate on a by-and-for basis are

¹⁹ Inclusion London: <https://www.inclusionlondon.org.uk/about-us/what-is-a-ddpo/what-is-a-ddpo/>

²⁰ Women Aid: <https://www.womensaid.org.uk/wp-content/uploads/2024/02/Annual-Audit-2024.pdf>

significantly reduced, resulting in better-equipped services in general. For the deaf community, the significance of having a shared language and culture cannot be overstated; it empowers them to shape their own narratives, knowing that they are being supported by people who can fully understand their viewpoints and experiences.

6. Deaf domestic abuse services

Table one - *Data collected in 2022.

All of the organisations listed below are charities with a service specifically for domestic abuse support.

Name of organisation	Type of support provided	Number of staff able to support in sign language	Main target group	Geographical remit/based in	Main source of funding for domestic abuse work
SignHealth	Outreach, specialist IDVA, YPVA, Advocacy/case work, advice and information, support advocacy with police/courts, telephone, email and text based support	Deaf: 11 Hearing: 2	Deaf women, men, non-binary people and children	Face to face - London, Kent Remote - England	Home Office, London Councils, Kent PCC, Charles Haywood, Pilgrims
Deafinitely Women	Outreach, specialist IDVA, Advocacy/case work, advice and information, support advocacy with police/courts, telephone, email and text based support	Deaf: 1	Deaf women	East Midlands	PCC

Cambridge Deaf Association	Outreach, Advocacy/case work, advice and information, support advocacy with police/courts, telephone, email and text based support	Hearing: 1	Deaf women, men, non-binary people	Cambridgeshire and Peterborough	PCC, IDVA
Deaf Ethnic Women Association (DEWA)	Advocacy/case work, advice and information, telephone, email and text based support	Hearing: 1	Deaf women only	Face to face - London Remote - England	Rosa

Table two:

Name of organisation	Independent Domestic Violence Advocate	Independent Sexual Violence Advocate	Young Person Violence Advocate	Children and family Worker	Freedom programme
Cambridge Deaf Association	1				1
Deafinitely Women	1	1			1
DEWA					
SignHealth	5	1	4	1	1
Stay Safe East					

Headquarters

Cambridge Deaf Association - Cambridge
Deaf Ethnic Women Association –
Camden Borough, London
Deafinitely Women - Derbyshire
SignHealth – Balham, London
Stay Safe East – Newham Borough,
London

Regional coverage

Gray – report support available
Light purple – 1 service available
Purple – 2 services available
Dark purple – 3 services available

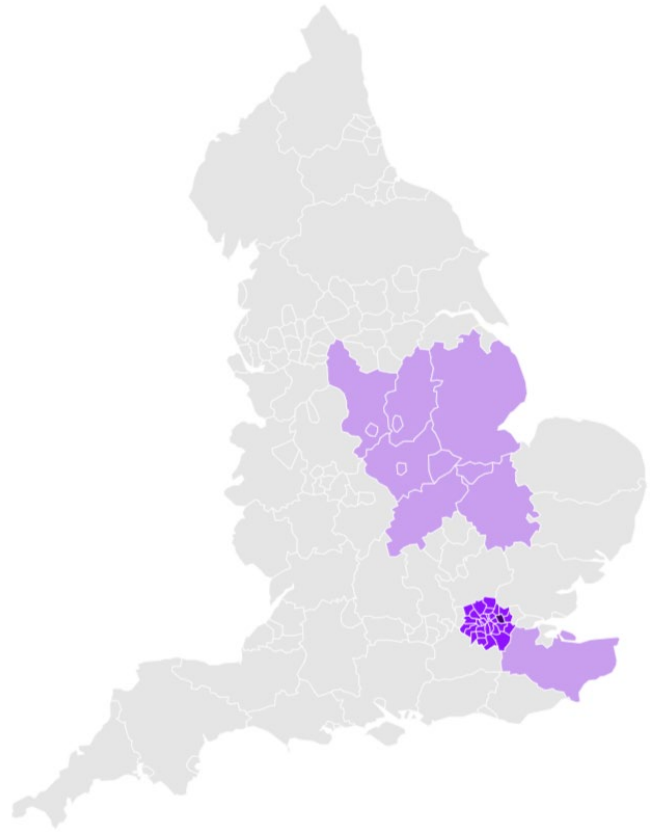


Figure 1: Map of domestic abuse services for deaf people in England

7. Best practice

As a result of this research, a compilation of best practices for organisations has been created. These practices have been developed by drawing upon collective knowledge of accessible best practices, supported by informed professional insights, evidence-based research, and relevant legislation that emphasises the importance of providing accessible services (references include the Equality Act, Human Rights Act, Children Act, Public Sector Equality Duty, Children and Families Act, British Deaf Association (BDA) Charter, Children and Young Person Act).

- Clear policy guidelines are established to support deaf people across all services, forming part of the induction process and informed by input from deaf people.
- Mandatory deaf awareness and BSL Level One training is provided as part of the induction process.
- Implementation of specific data monitoring procedures for deaf people and disabilities, including separate tracking of deaf service users and inclusion of communication preferences in collected data.
- Establishment of clear data monitoring protocols for issues and complaints, including instances of interpreter failures or complaints from deaf people regarding access.

- Complaint procedures should offer deaf people the option to submit complaints in BSL or alternative formats.
- Website content indicates accessibility to deaf victims and survivors.
- Accessible materials are available for incidental learning, including guidance on how to seek support.
- Consistent use of BSL translations and subtitles on all materials.
- Staff are proficient in booking appropriately qualified interpreters and understand regulatory requirements, including procedures for addressing service quality concerns.
- Accessible communication methods include Video Relay Service/Interpreting (VRS/VRI) contracts, SMS-based communication, or direct contact via Video Conferencing software.
- Refuges are equipped with infrastructure to support VRS/VRI calls through a stable wired broadband connection.
- Services are open to co-production with specialist by-and-for organisations to meet deaf people's access needs.
- Collaboration with deaf domestic abuse organisations/services is evident.
- Proactive methods are employed to hire deaf staff, including accessible recruitment processes, advertising on platforms used by deaf people, and commitment to training opportunities with clear career progression pathways.

8. Discussion of key findings

- a) Deaf domestic abuse services are generally small-scale, often with limited staffing and geographical reach. Few organisations offer comprehensive support across regions, relying instead on remote assistance.**

The diversity in offering among organisations providing domestic abuse services to deaf people is substantial. For instance, a smaller organisation may employ just one IDVA, limiting their ability to provide the range of wrap-around services that a person experiencing domestic abuse may need. This restriction may be the result of logistical considerations, particularly if the organisation is experiencing a shortage of human resources. However, in the event of staff absences or illnesses, it can have significant repercussions for clients. The immediate impact is a reduction in the availability of staff to provide crucial support, leaving survivors with fewer options for seeking help or advice. Delays in responses to survivor inquiries or requests for assistance become more likely, and some services may have to temporarily suspend certain programmes or support groups due to staff shortages. This can lead to increased workloads for remaining staff, potentially affecting the quality and timeliness of support provided. For survivors in immediate danger or needing urgent safety planning, these delays can be particularly distressing. Emotional bonds that survivors have formed with specific staff members may also be disrupted during these absences. To manage the workload efficiently and assure adequate coverage, it is necessary to establish a strict mandate that ensures that services can be always operational.

b) SignHealth stands out as the sole by-and-for deaf domestic abuse service offering a full range of expected support services.

In interviews with organisations, it was identified that SignHealth is the sole domestic abuse service that provides a comprehensive range of support services tailored to the deaf community's needs. Their team includes Independent Domestic Violence Advisors (IDVA) and Young Person Violence Advisors.

Additionally, SignHealth provides Freedom Programmes, which are workshops specifically tailored to empower people who have experienced domestic abuse. These programmes offer participants a safe and encouraging space to discuss topics including the intricacies of abusive relationships, the consequences of abuse on themselves and their children, and approaches to cultivating more positive relationships in the long run. While several other organisations may provide similar services, SignHealth stands out due to its capacity and comprehensive remit.

c) While deaf domestic abuse services exist, they are geographically restricted or offer limited support. There are no funded deaf by-and-for domestic abuse services that exist in Southwest England, the North of England, or in Wales.

Providing context and a deeper understanding of these findings is crucial, as they could be misinterpreted when considered solely at face value. While there are additional deaf domestic abuse services available, their impact is often limited by geographical constraints or limitations in the scope of support they can offer. Unfortunately, regions such as the Southwest, the North of England, and Wales notably lack funded deaf by-and-for domestic abuse services.

Furthermore, while some organisations may have staff with the necessary skills and experience to work with deaf people, they may lack formal qualifications, thus constraining their service provision. As a result, deaf people in these areas may encounter significant challenges in accessing specialised support tailored to their unique needs and experiences. They may be forced to rely on mainstream services that may not fully understand or accommodate their communication preferences and cultural sensitivities. This increases their vulnerability and limits their ability to seek help and support.

The insufficient funding and resources for deaf by-and-for services in these regions emphasise the critical need for increased investment and attention. This highlights the importance of establishing such organisations while also addressing the capacity and funding challenges they may encounter in supporting deaf victims of domestic abuse.

Case study A

Sarah lives in the East Midlands, and was in an abusive relationship with her ex-husband. When she spoke to her family and friends, they advised her to leave him. When she left him, she struggled with anxiety, raising her young son, and dealing with her ex-partner. She looked for help on the internet but there was no information that was accessible. When a friend told her about SignHealth, she gained access to valuable resources and was directed to relevant organisations capable of supporting her. Nonetheless, Sarah couldn't shake the feeling that if she lived in a different area, she may have gained access to vital services earlier on.

d) Access to services for deaf survivors varies widely by location, akin to a postcode lottery. This places the responsibility of support largely on informal networks rather than formal service provision.

Disclosing an experience of abuse is difficult; what is clear from our research is that for deaf people, that disclosure usually happens informally, during conversations with friends. This reliance on informal channels of support is likely due to the scarcity of accessible resources available to deaf people facing abuse. Informal domestic abuse support within the deaf community often involves seeking advice and guidance from friends or acquaintances. It usually involves contacting other deaf survivors and asking for help because they know that service provisions are frequently inaccessible to them and have taken proactive measures to minimise risks when seeking help.

Furthermore, our conversations with professionals revealed cases in which hearing children of deaf survivors were forced to serve as translators by hearing professionals. This represents a troubling abuse of power, often hidden from view, wherein professionals entrusted with a public service duty to provide interpreters fail to arrange appropriate access accommodations. As a result, these children find themselves in a precarious position, relaying sensitive and age-inappropriate information about family members, experiencing vicarious trauma, and assuming the responsibility of a professional role. Additionally, a child's instinctual need to protect their family members may result in compromised information being given.

The concerning aspect is that commissioners may perceive an illusion of service provision, resulting in sporadic and inconsistent support that seldom aligns with the needs of deaf people. It is crucial to recognise that this informal support model is neither sustainable nor safe in the long term. It places lives in jeopardy and creates a situation where access to life-changing intervention and support becomes a matter of geographical chance, which should not be the case.

- e) Deaf domestic abuse service funding streams are diverse but inconsistent, leading to disparities in service quality and availability across regions. This highlights the 'postcode lottery' nature of these services, in which the availability and quality of assistance can vary considerably by location.**

Deaf domestic abuse service funding streams come from a variety of sources, ranging from government grants to local authorities. However, the distribution and reliability of these funding streams vary significantly, resulting in inconsistencies in service provision across different regions. This lack of consistency highlights the 'postcode lottery' aspect of these services, where a person's access to support depends heavily on their geographic location.

Funding restrictions can limit the services offered by some organisations, either by designating funds for specific support services or by creating inconsistent cash flow, which limits their ability to expand their offerings despite possessing the requisite qualifications and skills.

The inconsistent and diverse nature of funding streams for deaf domestic abuse services highlights the urgent need for more equitable distribution and sustainable funding mechanisms. Without adequate resources, the postcode lottery of support services will continue to perpetuate inequalities and leave many deaf survivors without the essential assistance they require.

- f) Mainstream services frequently lack culturally specific knowledge and digital infrastructure to support deaf people, contributing to a high number of clients leaving the service.**

The lack of culturally specific knowledge and digital infrastructure within mainstream services presents significant barriers for deaf people seeking support. Without a thorough understanding of Deaf culture, language, and communication needs, mainstream service providers may struggle to effectively engage with deaf clients and address their unique concerns. This lack of cultural competency can lead to misunderstandings, miscommunications, and ultimately decrease trust between deaf clients and service providers.

Moreover, the absence of appropriate signposting and accessible information on websites for deaf victims contributes to these issues. The lack of digital infrastructure tailored to the needs of deaf people further compounds the issue. Many mainstream services heavily rely on telephone-based communication, which is inaccessible to deaf people who primarily use sign language. Without alternative communication methods such as VRS or text-based messaging platforms, deaf people may encounter obstacles in accessing and engaging with mainstream services.

As a result, deaf victims and survivors may experience feelings of marginalisation, misunderstanding, and disengagement from mainstream services. This can result in a significant number of clients prematurely exiting the service without obtaining the support and assistance they urgently need. Ultimately, the failure of mainstream services to adequately accommodate the needs of deaf people not only limits their access to essential support but also perpetuates systemic inequalities within the domestic abuse sector.

Case study B

Elizabeth needed refuge accommodation, and fortunately, a space became available for her. She was pleased to learn that accommodations, such as alarms for the clock, doorbell, and fire alarm, had been arranged to meet her needs. A BSL interpreter was also arranged for her induction, which eased her nerves about moving into the refuge.

However, once settled in the refuge, Elizabeth encountered difficulties understanding and communicating with staff and fellow residents. Despite attempts to use Video Relay Services (VRS) for communication, the inadequate Wi-Fi connection posed a significant challenge. This hindered her ability to access online counselling, which was essential for her wellbeing.

Initially satisfied with the provisions made for her, Elizabeth's experience at the refuge deteriorated over time. Despite needing a safe place to stay, the frustration related to communication barriers with staff and other women, and limited access to support was too much for her to deal with, and she made the decision to leave the refuge after one month.

g) A lack of clarity and accessibility in complaints processes further restricts deaf survivors' capability to challenge unsuitable service provision.

The lack of transparency and accessibility in complaint processes creates significant barriers for deaf people in addressing inappropriate service provision. Without clear and accessible pathways for lodging complaints, deaf people may struggle to navigate the bureaucratic procedures required to address difficulties with service delivery. This lack of transparency can leave deaf survivors feeling frustrated, disempowered, and unable to advocate effectively for their rights.

Moreover, the inherent complexity of complaints processes may further prevent deaf people's capability to challenge unsuitable service provision. Without accessible information presented in a format that aligns with their communication preferences, such as BSL or easy-read formats, deaf people may find it challenging to understand the steps involved in lodging a complaint and the expected outcomes.

h) High rates of deaf people leaving mainstream services are attributed to interpreter-related challenges, causing prolonged delays and frustration.

Initially, communication barriers arise due to the lack of available interpreters. It is crucial to note that our interviews with deaf survivors revealed multiple occasions in which, concerningly, the police when called to an incident involving an abuse victim, relied on the perpetrator to act as an 'interpreter' for the victim.

For most deaf survivors, there is usually a wait, while services source and book interpreter provision. Interpreter quality is inconsistent and even when provision is made, accessibility can still be compromised if the interpreter doesn't have the requisite skill and experience to work in that domain. Lack of continuity is also an issue because the interpreter booked may not be available for subsequent appointments, which means further delay as another interpreter is sourced and briefed. With every new interpreter, the deaf person is required to re-tell the traumatic events which led them to that point, reopening previous wounds and exposing them to a wider range of professionals than their hearing peers²¹.

Deaf people often experience a state of limbo between the initial engagement with a support service and the point where they feel they have achieved resolution and can move forward in their lives. During this period, many deaf people may disengage from the service altogether or decide that they are better off navigating the process independently. Regrettably, some may even opt to return to an abusive environment, finding it more bearable than inaccessible services and an uncertain future with no discernible end in sight.

While our primary focus has been on the experiences of deaf survivors accessing support, it is crucial to recognise that the delay in securing interpreter provision directly contributes to an increased risk and harm to deaf victims. Additionally, it has resulted in deaf perpetrators escaping justice because the time required to locate an interpreter surpasses the available time for the arrest and detention of a suspect.

i) The number of deaf people leaving a by-and-for domestic abuse service in sign language were exceptionally low, yet resources remain limited.

Mainstream services with high caseloads face substantial challenges in meeting the needs of deaf clients, primarily due to the difficulty in securing sign language interpreters at short notice. The transient nature of the interpreter booking process can lead to inconsistency, ultimately impacting the client's wellbeing. Having to repeatedly share their trauma with new people, such as sign language interpreters, can disrupt their healing process, and may lead to disengagement from much-needed support.

One significant advantage of engaging with deaf-led specialist services is the reduced need to source third-party support for meetings. Deaf-led specialist services can offer greater flexibility in accommodating the client's scheduling needs due to the shared language, eliminating the need for interpreter bookings that often prolong the process. This reflects the importance of a shared language for achieving optimal outcomes.

The lived experience of the deaf community brings a critical awareness of how the broader community network can detrimentally affect someone attempting to relocate after leaving an

²¹ Napier, J., Clark, L. & Gorman, A. (2023). JUSTISIGNS 2: Best practices for BSL interpreters and deaf Independent Domestic Violence Advisors working together. Newsli: Magazine of the Association of Sign Language Interpreters of the UK, Issue no. 125, 27-31

abusive relationship. This knowledge is crucial for maintaining the safety of survivors and effectively identifying culturally specific forms of abuse that may not be apparent to mainstream services. Additionally, deaf-led specialist services are able to signpost deaf clients to other culturally appropriate services capable of providing complementary support aimed at developing independence through empowerment and education. Deaf-led specialist services are well-equipped to ensure the appointment of appropriate professionals, such as deaf relay Interpreters, and the attainment of suitable support and access. However, despite the evident benefits of deaf-led specialist services, resources are often limited, limiting their capacity to meet the growing demand for their services.

Case study C

The client had spent her entire life in the family home, where abusive behaviour had been a constant presence. At 21 years old, all her financial matters and benefits, including PIP and ESSA, were managed under her father's name. This situation left her without independent access to her finances and benefits, always requiring permission. Previous needs assessments had been conducted via phone with a family member acting as an "interpreter." SignHealth referred her and assigned an IDVA to her case.

The IDVA discovered that the police had been called to the house on numerous occasions but they never attended with a BSL interpreter and so the family "interpreted" for her. The client was also unaware of her rights when it came to housing options, and as such, she was unable to navigate the system without support, which was delivered remotely due to the Coronavirus lockdowns. At this stage of the referral process, there was no involvement from a social worker, despite two MARAC meetings taking place, and previously agreed-upon actions remained unaddressed. The IDVA faced numerous barriers when attempting to engage the social care team, as email correspondence went unanswered.

Several refuge options were identified and presented to the client. However, all these options were located outside her support network and community "bubble." This is a common challenge faced by deaf victims, as being deaf and isolated further by placement in a refuge far from their circle and community, with no communication access, significantly contributes to clients returning to their abusers. Subsequently, the client was referred to the Homeless Prevention Service, and after nine months, she was relocated to emergency accommodation. This decision was made due to the increasing risk of her becoming a victim of honour-based violence and physical abuse from her father.

The involvement of a deaf specialist, in this case the allocated IDVA from SignHealth, was critical in identifying and meeting the client's needs. The IDVA's knowledge of deaf culture and communication allowed them to effectively advocate for the client while navigating the complicated systems involved in ensuring her safety and wellbeing. Furthermore, the difficulties encountered in discovering acceptable refuge choices underline the significance of culturally sensitive support suited to the specific needs of deaf people. Placing deaf victims in refuges outside their community "bubble" without proper communication access can intensify feelings of isolation and raise the likelihood of relapse into abusive settings.

j) A significant number of deaf people are unable to recognise abuse, even when they are the ones experiencing it.

Sadly, deaf people are disproportionately more likely to experience abuse in their lifetime and there are several red flags which can signal an increased vulnerability. As mentioned at the beginning of the report, approximately 90% of deaf children are born to hearing parents, and in most cases, hearing parents will not be fluent sign language users at the time of the child's diagnosis. According to the Consortium for Research into Deaf Education (CRIDE), only 2% of deaf children attend schools that are specially tailored to their needs²². Thousands of deaf children are mainstreamed without the additional support needed to complement their learning which means they often miss out on information that is vital not only to their health, but also their mental health and wellbeing.

This lack of access to a functional language during their formative years puts deaf children at a significant disadvantage. By the time these children reach school age, they struggle to fully access a mainstream curriculum. In cases where mainstream education proves unsuccessful, and they are placed in deaf schools or specialised programmes, their educational progress is delayed as they must first acquire a functional language before educators can introduce a curriculum that includes topics related to abuse. Children who are falling behind in core subjects like English and Mathematics are more likely to have non-core subjects, such as Relationship and Sex Education (RSE) where there is a focus on abuse, deprioritised in favour of additional support.

Experience of early years language deprivation means that a child will not have access to the language needed to conceptualise abuse, which then results in an inability to identify it when it does occur. As a result, they find it difficult to identify it when it happens, especially if they frequently see or experience abuse that is either aimed at them or someone else. Moreover, they will have learnt to be overly reliant on adults for help and may assume that all adults are 'safe' people, which increases the risk of abuse. This is a result of their lack of development in terms of the cognitive framework needed to recognise inappropriate behaviour and the vocabulary needed to convey it when it occurs.

In addition, the absence of nuanced discussions about the various forms of abuse can make it more difficult to comprehend the concept of abuse. Often, abuse is narrowly perceived as physical harm, and this limited perspective prevents a child's ability to understand, identify, and articulate instances of coercive control, emotional abuse, or financial exploitation. It is crucial to provide targeted education to deaf children, equipping them with the language and understanding necessary to recognise and express these subtler forms of abuse.

The impact of childhood language deprivation can manifest in adulthood in various ways, including a lack of understanding and awareness of what constitutes abuse. Without exposure

²² <https://www.ndcs.org.uk/media/7014/cride-2020-england-report-final.pdf>

to discussions about different forms of abuse beyond physical harm, deaf adults may struggle to recognise abusive behaviour in their own lives. Moreover, the reliance on adults for guidance and support, which may have been learned during childhood, can make deaf people more vulnerable to manipulation and exploitation by others. This reliance on others for support can heighten their vulnerability to abusive situations.

The inability to identify and articulate instances of abuse leaves deaf adults at risk of perpetuating patterns of abuse in their relationships or environments. Without the language skills or conceptual understanding to recognise and address abuse, deaf people may find themselves trapped in abusive situations without the ability to seek help or access appropriate support services.

Overall, the cycle of abuse can persist among deaf adults if they are unable to break free from these patterns and access the necessary resources to address their experiences of abuse.

Case study D

Amy attended a workshop facilitated by a deaf domestic abuse organisation and was pleasantly taken aback by the extensive knowledge imparted concerning the identification of abuse and the subsequent courses of action. She was provided with insightful information, effective strategies, and practical resources, in addition to being made aware of other relevant organisations that could provide support. While she appreciated the support received, emphasised the contrasting disadvantage that deaf people face in relation to their hearing peers. Although hearing people can access information directly and indirectly through incidental learning, such as television advertisements and leaflets, deaf people face barriers in accessing such information.

“I went to a workshop which was really, really, really useful. Without the workshop I would know nothing, and I would have just carried on in the first relationship thinking that was normal and I would be stuck forever. They taught me so much and it opened my eyes, to notice all the red flags, financial or whatever.”

k) Publicly accessible resources on domestic abuse are scarce, with most provided by SignHealth, other deaf-led organisations, and a select few police forces.

Even when services exist to meet the needs of deaf people, the lack of autonomy among the most vulnerable person frequently prevents them from engaging with or using these services. A pressing issue that contributes to this is the scarcity of publicly available and accessible domestic violence resources.

Due to the lack of accessible resources, there is a greater likelihood that deaf people are more susceptible to domestic violence than hearing people. While targeted intervention and education are essential for empowering people to recognise and take protective measures in cases of abuse, we must also recognise a broader social responsibility; effective targeted education is dependent on audience participation. Therefore, the issue becomes how we can effectively engage with an audience we are not currently engaging with. BSL and English are separate languages with different linguistic and grammatical characteristics; therefore, if a Deaf person's native language is BSL, written English may not be accessible to them. The general lack of accessible resources in BSL means that even if someone identifies they are experiencing abuse and seeks more information or support, they will find limited resources in the public domain. Our research reveals that only a small number of organisations provide accessible resources, and most available content was created by SignHealth or a few police departments.

By-and-for organisations often have to challenge organisations that claim to be accessible to review their materials, policies, and procedures and whether a deaf person would be able to access their service. When we talk about wider social responsibility, we know that translating written materials into British Sign Language is not enough if an organisation doesn't also take proactive steps to ensure that a deaf person can:

- easily refer themselves to the service.
- easily contact the service using their preferred method of communication.

Inclusive design goes beyond mere translation of written materials into BSL; it necessitates proactive steps to ensure that a deaf person can confidently take the first step towards seeking the support they require. Inclusive design assures deaf people that their needs will be met when they initiate contact with a service. It guarantees accessibility in their language, a commitment to provide interpreters consistently, and, importantly, it allows them to begin their healing journey without the added burden of advocating for basic human rights.

1) Deaf survivors face challenges accessing refuge spaces due to lack of awareness surrounding deaf people's rights and needs, leading to isolation and limited support.

For many people, access to a refuge offers the possibility of respite and safety. However, for deaf women moving into a refuge, it was often reported that in accepting the space, they would have to sacrifice their right to access due to lack of awareness surrounding deaf people's rights and needs, leaving them isolated and unable to move out; caused by information deprivation and a lack of accessible support from refuge staff.

Our interviews reveal that while some refuges did provide sign language interpreters, their efforts were typically limited to the initial introduction and did not consider the ongoing access needs of deaf people. This resulted in deaf women living in refuges, but unable to communicate

with professionals or other survivors, to the detriment of their healing and recovery²³. Based on data from survivors supported since 2011, SignHealth Domestic Abuse Service estimates that deaf women stay in refuges for an average of 8.5 months, more than twice the national average of four months (ref)²⁴. In a commissioned report by the Domestic Abuse Commissioner, it was shown that only 14% of accommodation-based services were able to provide specialised support²⁵.

Refuge living provides a safe space for hearing residents to interact with peers, rely on a network of survivors and professionals for support, and receive guidance for reintegration into the community. However, interpreters are frequently not appointed for deaf people, leaving them unable to communicate with other residents or staff. Accessing statutory services for a deaf woman may result in increased environmental trauma and heightened social isolation due to this incongruity. Deaf people not only grapple with their emotional response to abuse but also must manage their access requirements, a responsibility that should rightfully be the legal duty of the refuge. The complex trauma, some of which is caused by institutional failings, is the main reason those deaf women stay in a refuge disproportionately longer than their hearing peers. This complex trauma, some of which is a result of institutional failures, is the primary reason deaf women tend to remain in refuges significantly longer than hearing women. Deaf people are well-aware of their legal right to access statutory services, which exacerbates the trauma they experience when they are denied rights that are openly available to other residents.

Case study E

Ola relocated into a women's refuge. To assist her during this time, a Deaf Independent Domestic Violence Advisor (IDVA) visited the refuge on a weekly basis and actively participated in important meetings alongside the refuge staff.

During conversations about contacting the housing department, the Deaf IDVA stressed the importance of booking a BSL interpreter for forthcoming appointments. Ola, determined to secure safe housing, attended her initial housing appointment only to learn that no interpreter had been scheduled. This initial setback was followed by multiple appointments where interpreter support was lacking, delaying Ola's housing application and adding significant stress to her difficult situation. The refuge staff was initially unaware of the importance of advocating for Ola's access requirements. However, after several conversations with the IDVA, the refuge staff realised the barriers deaf women encounter when attempting to access services, and efforts were made to remedy the situation.

²³ <https://committees.parliament.uk/writtenevidence/43290/html/> - section 13

²⁴ SignHealth: Data taken from On Track for refuge service cases for female services users closed between DATE?

²⁵ Domestic Abuse Commissioner: https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/DAC_Mapping-Abuse-Survivors_Long-Policy-Report_Nov2022_FA.pdf

Case study F

An IDVA referred a Deaf family in urgent need to a women's refuge. However, the refuge declined the referral, citing health and safety concerns as the primary reason. The IDVA engaged in productive discussions with refuge staff to find a workable solution. Recognising the urgency of the situation, the IDVA offered to provide the essential equipment to address the refuge's health and safety concerns. The recommended measures were intended to mitigate any possible risks.

Surprisingly, the refuge responded with reservations about this solution, citing concerns about potential property damage, such as wall piercing. The refuge remained hesitant despite the IDVA's assurances that the apparatus was portable and would not require any structural modifications. Unfortunately, in this instance, the refuge chose to prioritise their initial health and safety concerns, which had already been addressed, over the safety and wellbeing of a Deaf woman and her family, who required their assistance immediately.

It's crucial to highlight that despite receiving support from specialist services, deaf victims and survivors continue to encounter significant barriers in accessing support from mainstream services.

m) A 'deaf tax' is the additional financial cost borne by deaf people who do not have their needs met by a mainstream service.

Within the deaf community, a unique financial burden exists, known as the 'deaf tax.' This term refers to the extra expenses that deaf people must bear when services fail to meet accessibility standards. Our interviews revealed that incidents related to the deaf tax were alarmingly frequent.

For instance, even when a deaf person requested it, interpreters were rarely scheduled for initial meetings. This lack of accessibility often translated into a significant cost for the deaf person, primarily in terms of time, as meetings had to be rescheduled. Additionally, they may have incurred expenses for childcare, parking, or lost work income to attend the initial appointment. If a rescheduling is necessary due to interpreter unavailability, they face the same financial implications again. This illustrates how the lack of accessibility leads to tangible financial costs for deaf individuals, contributing to the deaf tax. It is crucial to highlight the specific impact on deaf women who may have had to leave their family homes, resulting in limited access to financial resources

Case study G

While staying in a refuge and attempting to report an incident to the police, a Deaf survivor faced a distressing ordeal. Despite initially reserving a BSL interpreter for a scheduled interview, she was disappointed upon arrival to learn that the interpreter would not be available, leaving her feeling distressed. She had already spent expenses on travelling to the appointment on her petrol and paying for the car park. After rescheduling the appointment, she faced further disappointment when the interview date was postponed again due to the unavailability of a BSL interpreter. This happened three times.

Reflecting on her experience, she expressed frustration, saying, *"I could see all the people there turning up for their appointments and just getting on with their lives. But I had to wait and wait. There were so many delays."*

n) Survivors also bear the emotional burden of advocating for their rights alongside coping with the trauma of abuse.

In addition to the deaf tax, there is another significant challenge: the burden of emotional labour experienced by many survivors of domestic abuse within the deaf community. While domestic abuse is inherently traumatic for all survivors, the lack of access to appropriate support services further compounds and prolongs this trauma for deaf people.

A deaf survivor's journey is often marked by significant challenges. One of the primary hurdles they encounter is the difficulty of seeking support. Due to the barriers within mainstream support services, such as a lack of sign language interpretation or accessible information, deaf survivors may struggle to access the assistance and resources they desperately need to navigate their recovery journey.

Additionally, deaf survivors often face the added stress of advocating for their legal rights. This can involve navigating complex legal processes and systems without adequate support or understanding of their unique communication needs. The burden of advocating for their rights under the Equality Act can be overwhelming, especially when coupled with the trauma of the abuse they have experienced.

Furthermore, the isolation experienced by deaf survivors is intensified by the necessity of coordinating their own support due to a lack of professionals trained and equipped to effectively manage their cases. Without access to specialist professionals who understand their specific needs and challenges, deaf survivors may feel isolated and unsupported in their recovery journey.

Case study H

A client scheduled an appointment with the housing department to complete a Homelessness Housing Application form. Upon arriving for the appointment, the client was informed that a BSL interpreter had not been arranged and was advised to return the next day so they could arrange for an interpreter to be present. The client returned the following day, only to find that, once again, no interpreter was present. They attempted to use a video relay service, which unfortunately failed to connect, leaving them waiting for 2 hours without progress.

A week later, they faced the same situation with no interpreter or access provided. Frustratingly, the client's application was passed between different housing officers who could not find a solution. Feeling utterly worn out by the system, the client reached out to SignHealth. The allocated IDVA intervened as it had been over a month since the original application date and the housing officers were still struggling to secure a BSL interpreter. After a lengthy email exchange, the IDVA managed to arrange a meeting with an interpreter present, and on the same day, the client was also able to view a property.

o) The lack of consistent policy and procedure in the judicial systems often creates access barriers for deaf survivors and the deaf professionals supporting them.

Within the criminal justice system, a complex machine with many moving parts, our findings reveal fundamental procedural issues that affect the entire process, from initial police intervention to court proceedings, and how these issues fail to consider the culturally specific needs of deaf people.

p) Professionals choices not to provide interpreters

Our conversations with deaf professionals uncovered numerous instances where hearing professionals relied on the hearing family members or children of deaf abuse victims to act as interpreters, rather than sourcing appropriate interpreting provision²⁶. It is unclear as to whether the failure to source appropriate interpreting provision relates to ignorance of deaf people's access needs, or their legal duties under the Equality Act, but it is important to note that this failing contributes to an ongoing pattern of systemic barriers faced by the deaf community.

While we understand that in emergencies, the police may use any available resource, this issue could be easily addressed through the use of VRS/VRI (Video Relay Service/Video Remote Interpreting).

²⁶ <https://committees.parliament.uk/writtenevidence/43290/html/> - section 11

q) Communication with police

This systemic issue begins when the police respond to a reported incident, typically without an interpreter, and must rely on hearing family members or children to interpret²⁷. The victim's inability to fully express themselves to the police during the initial contact is disempowering and often adds to the burden of effective communication placed on the victim. For many domestic abuse victims, disclosing information is already a challenging process, and it becomes even more difficult when communication is inaccessible.

In extreme cases, there are reports where the police had no access to an interpreter and resorted to using the hearing perpetrator as an "interpreter" for the deaf victim of abuse. If no interpreter is booked, the poor access experienced by victims during the initial contact is often not remedied at the police station. This can lead to delays in the interview process, affecting the collection of crucial evidence. Examples of such issues have been highlighted in submissions made by survivors to the Home Affairs Select Committee's inquiry into Violence Against Women and Girls.²⁸

r) Access in court

By-and-for organisations are aware of the statutory duty of the courts to provide access arrangements for deaf people. However, professional experiences, combined with the examples provided in our interviews, reveal a significant gap between what the courts should provide and the reality of what typically occurs.²⁹

Several Deaf professionals have described incidents in which they attended court proceedings with their clients only to discover that BSL interpreters were not scheduled. This is a common occurrence that often results in the postponing of court hearings. In such instances, courts have occasionally asked professionals to borrow their interpreters.

This situation puts Deaf IDVAs in a precarious position. They are forced to choose between giving their interpreter, who has not been briefed or prepared for the court proceedings and may be unaware of the circumstances, and refusing to allow their interpreter to be used, which would result in the court proceedings being postponed.

s) Perpetrator management

Access barriers are not only limited to deaf victims of abuse but are also applicable to deaf perpetrators. It is often the case following an arrest that when an interpreter cannot be sourced, the perpetrator is released on bail, under strict conditions. Although obvious, we feel the need to state explicitly that if an interpreter cannot be sourced for an interview, then one would not be

²⁷ <https://committees.parliament.uk/writtenevidence/43290/html/> - section 6

²⁸ <https://committees.parliament.uk/writtenevidence/43290/html/> - Section 6

²⁹ <https://committees.parliament.uk/oralevidence/3117/default/> - page 27

sourced for the bail instructions, which means that deaf perpetrators are very often allowed to return to their lives without fully understanding the conditions which have been applied to their release. Non-compliance of such conditions could then be challenged by legal representatives because the requirements of PACE have not been sufficiently applied.

Case study I

In a court case, submitted to the Home Affairs Select Committee's inquiry into Violence Against Women and Girls, the session was delayed because the interpreter failed to appear. The victim expressed the belief that booking an interpreter had been forgotten, intensifying the already frightening process.

Unfortunately, the perpetrator was ultimately found 'not guilty,' a verdict the victim felt might have been different if they had received adequate support to provide evidence and if their needs as a deaf person had been properly addressed. The victim conveyed a profound loss of faith in the system, feeling as if they had been abandoned. They continued to harbour feelings of anger and uncertainty about their rights and whether they could challenge the verdict.³⁰

t) There are currently no services specifically tailored to BSL users who are abusers or perpetrators, nor are there dedicated perpetrator programmes.

While there is a national perpetrator programme aimed at early intervention and rehabilitation to reduce instances of abuse, it's crucial to acknowledge that this programme is not accessible to deaf people. There is no equivalent programme that Deaf perpetrators can directly access in BSL.

Participating in the existing programme presents several challenges. Firstly, is the issue of cost. It is unclear who is responsible for covering the expenses of interpreter provision, and estimating the budget for access provision becomes difficult when the duration of the work is unpredictable.

The second challenge is related to cultural competency. Effectively supporting perpetrators in breaking free from abusive patterns of behaviour requires programme leaders to have a deep understanding of how these behaviours may have developed for each person. For example, deaf perpetrators may have experienced a childhood where they were denied access to a functional language, leading to limited educational opportunities and income. This context can contribute to poor mental health and compromised emotional regulation. When a deaf person repeatedly experiences audism, discrimination, and oppression, there is a greater likelihood that their emotional responses may become displaced, potentially leading them to redirect those

³⁰ <https://committees.parliament.uk/writtenevidence/43290/html/> - Section 8

emotions towards another person. Understanding this cultural background is essential for effective intervention.

While abuse can never be condoned, it's important to recognise the context in which abusive behaviours may have developed. Cultural competency ensures that the programme understands the underlying reasons for certain behaviours. A culturally competent programme is more likely to achieve positive intervention outcomes because it already has the foundational knowledge embedded within it³¹.

For deaf perpetrators to access mainstream services, they often have to do so through a third party, and any discussion about the context that led to their actions, may be unsafe. This is akin to a person of colour describing racism to a group of white people or an LGBTQIA+ person describing homophobia to a group of heterosexual people. Deaf people are required to describe their experiences of audism to a room full of hearing people, through a hearing interpreter. Even if they have a supportive group, the discussion is unlikely to be informed by shared lived experiences, placing the deaf person at a disadvantage. The majority of BSL interpreters are women, and as a result, they may not feel comfortable being in a room full of men discussing abuse. This situation also places them in an unsafe position, as the perpetrator will know who they are.

Furthermore, the size of the deaf community adds to the challenge of providing effective perpetrator intervention programmes. While cultural competency could be addressed by having a deaf programme leader for a deaf group, this raises concerns about confidentiality because participants are more likely to know each other in a smaller community. The solution proposed, informed by collective cultural and professional experience, is for deaf people to access perpetrator programmes on a one-on-one basis, led by a deaf programme leader.

³¹ https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Resources/Expert_Papers/WWP-EN%20Expert%20Essay%20-%20Diversity.pdf

Case study J

Direct written statement from a Deaf person who has caused harm:

“When my ex-partner left the relationship saying she had had enough harm, I could not deny any more that I had a problem, specifically with being abusive, and that I needed help to change my behaviour.

I looked up the Respect website and there were some starting resources, my English is good, so I was able to read the resources, but it didn't feel like enough, and I had read somewhere else that the best chance of changing at all was to sign up to a perpetrator programme. I didn't feel comfortable ringing the Respect phone line up via a BSL interpreter or using a video relay service because I felt ashamed and the deaf community is small, so I emailed them asking if I could get signed up to a perpetrator programme. Respect replied to my email to say I could get signed up to a DAPP (Domestic Abuse Perpetrator Programme) course if I self-referred, and the one local to me was managed by Reprovide/ Splitz but it was a 2/3 chance of getting onto the course (because of an ongoing experiment to evaluate the effectiveness of those programmes I believe). At that stage I disclosed that I was Deaf and would need a BSL interpreter.

Reprovide/ Splitz got back to say that unfortunately there was a lack of funding for a BSL interpreter so I would not be able to participate. They also said it would be a problem having an interpreter in a private men's group - as other men on the course would feel less comfortable with an outside party. They would not offer a 1-1 service either. They suggested going back to Respect which I did, and Respect said actually I might be able to get onto a course with BSL interpreting but that would be in the council borough next to mine which would have funding but then the Splitz provider in that area said no it wasn't possible as I lived out of bounds and that I needed to go back to Respect. In the end, Respect said sorry they could not help anymore and then forwarded me to the online resources that I had already read.

At this stage, I felt I had tried everything and was not getting the equal opportunity to try and change and become a better person. Around that time, I saw a survey about domestic abuse services, it was aimed at victims but I thought it might be worth giving my feedback, so I emailed the domestic abuse commissioner directly. I did not feel comfortable contacting SignHealth because I am aware that my ex-partner was using their services and I did not want to appear manipulative / cross any wires or put anyone in a difficult position. The domestic abuse commissioner replied advising that I push back citing the Equality Act, so I went back to Respect to say *'well this isn't treating a Deaf person equally and it's actually possibly a form of discrimination if I'm not given the equal opportunity'*. Respect then suggested that I contact Splitz directly to lodge a formal complaint, which I did. Splitz then got in touch to say they were reviewing my complaint and then eventually they got in touch to say they could offer a 1-1 service with a Level 1 signer (who works with them I believe) who was volunteering. I have now

started the course which runs for 12 weeks. I am now in my 11th session. It consists of 1 hour weekly zoom sessions. It is me, the Splitz regional manager, the Level 1 signer (who is actually a bit better than Level 1 I feel). We also use Zoom automatic captions, which helps me understand and read the subtitles and the Level 1 signer helps fill in the gaps. I also use my voice and type in the chat box if needed. PowerPoint slides are also used. I am given weekly homework exercises to fill out.

It is not ideal, but I have found the course useful, and it has helped me take responsibility for my behaviour and it has helped me identify my negative thinking patterns and what my abusive tendencies are and it has helped me think about what a respectful and healthy relationship actually means. It's also been a safe space to take responsibility and be challenged on my behaviour without being judged or shamed. Splitz regional have since asked if they can write a case study on my progress to share on their website/ social media which would indicate they think I am making progress and that the course is helping. However I feel I still have so much to learn, and it would have been good to have the course in full BSL.

However, I don't think my current arrangement would be suitable for the usual Deaf BSL user who has perpetrated domestic abuse, let alone any grassroots BSL users. It's more of an ad-hoc basis and it's because I've had to push really hard to get to this arrangement. Since my recovery journey has started, I have talked to some deaf people about my own abusive behaviour and I have spoken to people (both deaf/hearing) who have shared some of their experiences of being abused by deaf people. I'm realising that there's a lot of deaf people out there who have been abusive who aren't being held accountable and/or getting help to change their behaviour. To my knowledge there's nothing in place for deaf perpetrators in the UK but there may be some local services with BSL access but this isn't signposted and I would imagine that similar issues exist across service providers in terms of confidentiality, BSL provision etc, lack of awareness.”

9. Conclusion

The findings of this study emphasise the limited availability of specialised domestic abuse services for deaf people in various local authority areas across England and Wales, especially in the Southwest, the North of England, and Wales.

Despite existing legislation designed to protect the rights of deaf people, publicly funded organisations consistently fail to meet their requirements, as evidenced by this mapping exercise. This leads us to conclude that service providers may either selectively neglect their legal responsibilities or lack awareness of their statutory obligations.

Effective and inclusive service design should prioritise deaf people from the outset, rather than treating accessibility as an afterthought. Neglecting the needs of deaf victims and survivors should not be an option as it places them at a disproportionate risk, with potentially life-threatening consequences.

It is essential to recognise the unique advantages and cost-effectiveness of commissioning specialist services and to centralise funding for long-term contracts which are sustainable. This approach would enable specialist organisations to reliably set budgets based on consistent cash flow, fostering a professional workforce with the skills and expertise to provide front-line support. Furthermore, a long-term strategy would facilitate the natural progression of professionals into supervisory and managerial roles, leveraging their firsthand service delivery experience to redefine and enhance provision.

This report underscores the urgency of securing additional funding for a comprehensive and in-depth exploration of this issue; understanding the challenges and barriers deaf people currently face is paramount to ensuring that service levels align effectively with the diverse needs of the population. It is evident that many services are not currently meeting their legal obligations to address the needs of deaf victims of domestic abuse, nor is there any political appetite to consolidate efforts and reduce the systemic barriers which contribute to domestic abuse occurring.

10. Appendix

Data Collection and Analysis

To map and monitor the provision of domestic abuse services for deaf and disabled people in England and Wales, SignHealth and Stay Safe East devised a questionnaire. This questionnaire was made available online, in BSL, and as a Word document.

The sample group included professionals recognised as Deaf domestic abuse experts by SignHealth and Stay Safe East, along with members and affiliates of the national domestic abuse network. Additionally, to gain a deep understanding of the experiences of deaf survivors when accessing domestic abuse support, including interactions with the criminal justice system and social care, we conducted interviews with Deaf survivors.

Within this comprehensive questionnaire, we invited organisations to voluntarily self-identify as operating on a by-and-for basis.

Limitations

There were some limitations which we would like to highlight:

Firstly, the survey was conducted during a period when the voluntary sector faced significant pressure due to COVID-19 restrictions and limited resources. Consequently, our study heavily relies on responses gathered from questionnaires, face-to-face and online interviews conducted with survivors and professionals associated with by-and-for services.

Secondly, we took the time to verify the claims made in each response. In instances where an organisation claimed to be a by-and-for organisation, we actively sought supporting evidence for this assertion. If no evidence was found, either online or anecdotally, we relied on our professional judgement and key indicators to determine whether they met our criteria.

However, owing to the constraints imposed by COVID-19, some of our interviews were conducted online. This approach enabled us to connect with a more extensive group of survivors across the country, which might not have been feasible due to travel, time, and availability constraints.

Despite these challenges, the qualitative data we collected paints a detailed picture of the various journeys undertaken by deaf survivors. The data explicitly highlights common factors in these journeys, particularly the significant barriers faced by deaf sign language users in accessing information and receiving support. This service gap often leads to delays or a complete failure to adequately support deaf people.