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Jemina Napier (iD)
Lucy Clark (iD)
Lorraine Leeson (iD)
Lianne Quigley (iD)

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"I faced so many barriers": Access to support for deaf female survivors of domestic violence in the UK

Jemina Napier,* Lucy Clark,* Lorraine Leeson** & Lianne Quigley**
*Heriot-Watt University | **Trinity College, Dublin

Abstract

This article examines the potential vulnerability of deaf female British Sign Language (BSL) signers who experience domestic violence (DV) in reporting DV and accessing information and communication support. Based on online semi-structured interviews with eight deaf women in the UK, their perceptions of the factors that contribute to creating barriers in gaining adequate access and support are discussed. We present findings that concentrate around seven key barriers identified by the interviewees including: (i) access to interpreting; (ii) lack of information in BSL; (iii) lack of deaf cultural awareness; (iv) needs for on-going support; (v) deaf-specific services; (vi) training/ education needs; and (vii) recognition of diversity. In considering deaf women's reporting of DV incidences through an intersectional lens, it is clear that they experience a double, or even triple or quadruple disadvantage. We found that, despite professional interpreting services being widely available in the UK, structural barriers still exist for deaf women in gaining access to support for DV, and that barriers are created through inaccessible services, inaccessible information, and lack of awareness of the needs of deaf women in this context. These barriers can be mitigated through training and resources for sign language interpreters, police officers, and other support service providers. We conclude with suggestions for how this research can be applied to interpreting for female DV survivors in other minority communities as well as deaf communities, with suggestions for further research.

1. Introduction

According to Flaskerud and Winslow (1998, 69), "In general terms, individuals or social groups who experience poor physical, psychological, or social health due to their social, economic or personal characteristics or group membership are . . . at increased relative risk," that is, vulnerable. Examples of vulnerable populations can include disabled people, homeless people, indigenous people, refugees, immigrants, unemployed people, people with mental health conditions, and people and families living in poverty. Each vulnerable group faces vulnerability in different ways and for different reasons, and "therefore should be examined individually to determine the factors that contribute to their vulnerability" (Cooke-Hubley & Maddalena 2011, 118). Cooke-Hubley and Maddalena (2011) consider deaf people to constitute a vulnerable group because there are general reports of them having poorer health status than the hearing population (Emond et al. 2015; Rogers et al. 2024).

Our article focuses on the domestic violence (DV) experiences of deaf female British Sign Language (BSL) signers,[1] as opposed to deaf or hard-of-hearing people that do not sign. It is estimated that there are anywhere between 40,000 and 70,000 deaf signers in the UK (Turner 2020). However, we do not regard deaf signers as a vulnerable population just because they are deaf. In order to understand how or why deaf female signers may be considered as a vulnerable population because of DV, it is worth giving an overview of the general status of deaf signers in society, before discussing the intersections with DV.

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[1] We use the term deaf signers to focus on deaf people whose first or preferred everyday language is a sign language, without making any judgement about whether someone is culturally deaf, or whether they are a native/non-native signer. This was previously often illustrated through the convention of using *Deaf* for someone who is a culturally deaf sign language user who identifies as belonging to a linguistic and cultural minority group, and *deaf* to mean someone who does not necessarily identify with the deaf community or use a signed language. This convention is now outdated and deaf studies literature now more commonly refers to *deaf* signers (see, e.g., Kusters, De Meulder & O'Brien 2017). We also recognise that deaf signers are not a homogenous group, with much variation in terms of lived experiences.

1.1 The status of deaf people

Historically, deaf people have been socially constructed as being disabled (Branson & Miller 2002), and, in the early days of the deaf studies and sign language studies fields, there was a strong resistance to deaf people being categorised as disabled based on perception of impairment, with a push instead for focus on language and cultural identity (Lane 2002; Ladd 2003; Padden 2005). As such, it is now well established that deaf signers constitute linguistic and cultural minority groups alongside other indigenous and minority language groups (Lane, Hoffmeister & Bahan 1996; Batterbury, Ladd & Gulliver 2007).

Increasing numbers of countries are giving legal recognition to their national sign languages as minority languages (De Meulder 2015; De Meulder, Murray & McKee 2019). There is also a well-founded argument that deaf people have a core linguistic human right to have a signed language recognised as their preferred language in a variety of different contexts to ensure their participation in society (Murray 2015; Murray, De Meulder & le Maire 2018). Nevertheless, there is a tension between ongoing societal perceptions of deaf people as disabled and their minority language status, as legislative instruments typically frame sign language rights within the context of disability rights rather than linguistic rights (De Meulder 2014; De Meulder, Murray & McKee 2019). For example, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, United Nations 2007) mentions the right of deaf people to access their education in sign language (Murray, De Meulder & le Maire 2018) and also the right to access professional sign language interpreting services[2] in all areas of life (Stone 2013).

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[2] In this paper we define sign language interpreting services in the UK as professional services that are funded through the government for access to public services or workplaces. In domestic violence contexts in the UK, interpreting provision is government funded for all legal services (police, court) usually through contracted agencies, but this funding does not cover interpreting for DV support agencies, support groups, or refuge homes.

Notions of disability have moved on with recognition that disabled people are not a homogenous group and that experiences as a disabled person are multi-layered, complex, and socially constructed (Friedman & Owen 2017). Likewise, as the field of deaf studies has evolved, there are now more nuanced discussions of the lived realities of deaf signers, with mounting recognition that deaf people hold a complex, dual status as both signers and as disabled people (De Meulder & Murray 2017). As deaf signers' linguistic status is often regarded as a disability access issue, it can be helpful to apply an intersectional stance to view deaf signers both as part of a language minority and a disability minority (Robinson & Henner 2018; Kusters 2019).

1.2 Deaf intersectionality

Intersectionality is a theoretical framework for analysing people's lived experiences in relation to marginalisation, power, inequality, and oppression based on the intersections of various characteristics that can influence how they behave, who they identify with, choices they make in life and barriers encountered in society (Cho, Crenshaw & McCall 2013). The concept of intersectionality was initially coined as a black feminist theory to consider the intersections between gender, race, and colour (Crenshaw 1989). "Expanded-intersectionality" (Bagga-Gupta 2017) now recognises that other identity categories are also salient and are not necessarily easy to separate (Gunnarsson 2015), for example, disability, language minority status, class, and sexuality.

Deaf people encounter structural inequalities through accommodations not being made for them to use, and access information in, sign languages (Mousley & Chaudoir 2018; Leigh 2020). Regardless of deaf signers' language rights, they still often have to navigate barriers created by society, and the barriers they face can be exacerbated through their intersectional experiences of being deaf with race and other disabilities (Chambers 2024). Mweri (2017) asserts that deaf people could be considered vulnerable because of a lack of access to information and that providing access through interpreters may not necessarily support their human rights. Yet, it has been documented that

deaf signers adapt and develop resilience strategies by drawing on support and cultural wealth from their networks in deaf communities to persist, bounce back, and strengthen their navigation and their position in society (Listman, Rogers & Hauser 2011; Listman & Kurz 2020).

As such, due to the status and resilience strategies described above, deaf signers are not necessarily a vulnerable population, unless they also have some of the other intersectional characteristics of vulnerability, such as mental health issues, poverty or disability, or poor health outcomes. Deafblind people could be considered as more vulnerable and have been identified as a population at risk of various adverse outcomes, particularly when compared to wider (sighted) deaf communities and the non-deaf/non-deafblind majority; deafblind people have also described themselves as being and feeling vulnerable in various situations (Simcock 2017).

1.3 Vulnerability and domestic violence

Women who have experienced DV can be considered as a vulnerable population as they "need appropriate emotional, psychological, physical, social, and economic resources in order to counteract the potential detrimental effects of domestic abuse or family violence" (Shavers et al. 2005, 28). The United Nations (UN) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations 1993); this includes DV. DV is an incident or pattern of incidents of controlling, coercive, threatening, degrading, and violent behaviour, including sexual violence and economic abuse, in the majority of cases by a partner or ex-partner, but also by a family member or carer; DV is pervasive and has significant and far-reaching impacts on individuals and families across the globe. In the vast majority of cases, DV is carried out by men against women, and it occurs among all ethnic, cultural, socioeconomic, geographical, racial, and minority groups. Brownridge (2009) suggests that

female DV survivors should be considered as a vulnerable group, but that it is important to also study DV within other defined vulnerable groups, thus exploring the intersectional impact of different characteristics, such as women living in rural and urban settings, indigenous and immigrant women, and disabled women.

DV is a "gendered and disabling experience" (Mays 2006, 147) and disabled women are two to three times more likely to report occurrences of physical or sexual assault (Brownridge 2009). Many studies of disabled people and DV tend to combine different disabilities together and do not necessarily distinguish between the experiences of deaf signers and other disabled people (e.g., Safe Lives 2017), which is important in considering the intersectional experience of being both deaf signers and disabled, although there are some exceptions (e.g., Schröttle & Glammeier 2013). Nevertheless, studies specifically with deaf women have shown that they are also two to three times more likely to encounter DV than their hearing counterparts (Crowe 2017).

In this case, then, deaf female signers who are survivors of DV can be considered as a vulnerable population because of the intersectional impact of being deaf, female, and experiencing domestic violence. It has been noted that deaf women may experience a double disadvantage because they are deaf in addition to being a woman (Becker & Jauregui 1985; Altıntaş 2020). For example, deaf women report that their feelings about how safe they feel at work are compounded because they are women, and also they cannot hear any potential threats or communicate their concerns easily (Napier 2024). If considering other intersectional characteristics such as age, sexuality, race, and disability, then they could actually experience a triple or quadruple disadvantage (Porter & McQuiller Williams 2011; Napier 2024).

1.4 A study of deaf women and domestic violence

This article presents findings from a qualitative study with eight deaf female DV survivors who are BSL signers. The aim of this study was to gain insight into the first-hand experiences of deaf women in accessing information support when

they reported DV and any barriers they encountered, including how effectively they could access information through BSL/English interpreters.

The objectives of the project were to:

(1) Interview deaf women in the UK about their experiences of reporting incidents of DV to the police or other authorities.

(2) Examine barriers encountered by deaf women in the UK in receiving support for DV and accessing interpreters.

(3) Explore any intersectional disadvantages experienced by deaf women in the UK when trying to access support for DV.

This article provides an overview of the seven key themes that emerged from the interviews, concluding with concrete outcomes to support deaf women, service providers, and sign language interpreters in DV contexts.

2. What do we know about deaf women's experiences of DV?

There is very little research on deaf women and DV. The majority of what is available has taken place in the United States, but also in Germany (Schröttle & Glammeier 2013; Fries 2020) and Austria (Schügerl 2023). Studies have found that deaf women are significantly more likely to experience psychological abuse and physical violence at the hands of a partner than hearing women (Schröttle & Glammeier 2013; Mastrocinque et al. 2017). Hearing status of the partner seems to make little difference to the extent of DV, apart from potential power dynamics and experiences of coercion which are more prevalent when partners are deaf (Anderson & Kobek Pezzarossi 2014). McQuiller Williams and Porter (2015, 2317) have suggested that the coercive control linked to a deaf person's use of communication devices is a form of exposure to "disability-specific forms of violence" (e.g., partners' removal of devices to cut the deaf person off from the rest of their deaf network).

Schügerl (2023) notes that there is a perception in deaf communities that if people do not report sexual violence, then it is not a problem. She suggests, however, that the reason for a lack of reporting is because of communication barriers. A survey of deaf female undergraduate students revealed that 69% of

respondents had disclosed incidences of sexual assault (Elliott Smith & Pick 2015) and interviews with 3 deaf female survivors of sexual assault identified that disclosure is complex and unique to individuals, with survivors often disclosing informally to friends or family members first because of concerns about accessibility when they formally report to the authorities (Opsahl & Pick 2017).

There has been a historical lack of access to comprehensive sexual health information among deaf communities, which is recognised as a further contributory risk factor linked to increased incidence of DV (Obinna et al. 2005; Anderson, Leigh & Samar 2011; McQuiller Williams & Porter 2015; Crowe 2017). Furthermore, the dearth of information available in sign language can contribute to lack of understanding of what actually constitutes DV (Anderson & Kobek Pezzarossi 2012; Mastrocinque et al. 2022). Crowe (2017) found higher prevalence rates of DV among deaf women as compared to hearing non-signers (30–57% higher for physical violence and 72% for emotional or psychological abuse), and notes that their inability to hear may be a factor that contributes to vulnerability or a perceived barrier to communication, for example when reporting to the police. Admire and Ramirez's (2021, 15) study with 60 deaf signers from developing countries seeking asylum in the United States found that lack of access to interpreters who know their signed language (i.e., not American Sign Language (ASL)) was viewed as facilitating DV, because "respondents believed perpetrators would strategically target them because they would be unable to report their victimisation afterward."

One of the common threads through the literature concerning deaf women and DV is in relation to language barriers. Federici (2020) suggests that the wide use of the term *language barrier* in the media can increase the position of vulnerability for people from culturally and linguistically diverse communities because of the negative connotations associated with the term. Federici underscores the importance for people to be able to access information in their preferred language when they are in a crisis situation, which requires the provision of services through different languages (either directly or through interpreters). This equally applies to deaf communities.

Language barriers compound the challenges faced by deaf people in interacting with the police, as they may have difficulties even communicating that they are deaf, not have their preferred communication methods understood, and have concerns about accessibility (Chambers 2024). Studies in the UK have found that the police have a lack of deaf cultural awareness (i.e., how to accommodate to deaf signers' needs, recognise the importance of sign language access and that deaf people are part of a linguistic minority as well as disabled, etc.) when encountering deaf signers (Race & Hogue 2018; Lumsden & Black 2022), and often think that bringing in interpreters is the only solution (Skinner & Napier 2022).

Moreover, any language barriers experienced by DV victims when seeking help and interacting with either the police or other authorities can create increased vulnerability (Lemon 2006). In situations where a DV survivor is a deaf signer, migrant, refugee, or asylum seeker who cannot use or access the majority language, a professional interpreter who knows their language should be brought in to mediate the communication (Napier, Leeson, et al. 2023). There are, however, inherent challenges in the case of deaf women reporting DV, as police officers often do not know what to do when responding to a DV call from a deaf victim (Engelman & Deardorff 2016) or have varied reactions to disclosure (Opsahl & Pick 2017).

The original Justisigns 2 project[3] (Napier, Leeson, et al. 2023) was established to develop a better understanding of the needs of deaf female survivors of DV in accessing information and services via interpreters, in order to make recommendations about the resources needed and the training needs of associated professionals and support service providers. Aside from the few studies reported above, there is a noticeable dearth of literature on the direct first-hand experiences of deaf women in DV contexts. Nevertheless, there is robust consensus that having sign language interpreters present in order to be able to report, get information about, and access ongoing support services for DV is

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[3] See: https://justisigns2.com. funded through the European Commission, Erasmus+ Grant no: 2019-1-IE01-KA202-051558

critical for deaf women (Napier, Leeson, et al. 2023). Access to all proceedings in a timely and safe manner is crucial. Furthermore, as noted by Del Pozo Triviño (2017) and Tipton (2017), the quality and reliability of interpretation is key in a situation where people are already vulnerable. Consequently, it is important to ensure that professionally trained and qualified interpreters are utilised.

However, research has shown that support service providers often do not provide communication accessibility to deaf women (Anderson & Kobek Pezzarossi 2014), which is compounded by the limited supply of available sign language interpreters (Woodlin & Shah 2014) in many countries. Lack of availability may be due to not enough professionally qualified interpreters being available in the area where the DV incident has been reported (especially in regional or rural areas) but is more likely due to interpreters not wanting to accept work in DV contexts due to the sensitivities and vulnerabilities involved (Tipton 2023). A further explanation may be interpreters' lack of understanding of how best to work in this context because they have not received specialised training (Tipton 2018).

This is evidenced through the Justisigns 2 project, where a European-wide questionnaire was developed to elicit a snapshot of the experiences and training needs of support service providers and interpreters working with female DV survivors (Napier, Leeson, et al. 2023). The questionnaire found that both the support service providers and interpreters admitted to not having much experience in working together in DV contexts, and also a lack of familiarity with how to best work together. There are also some contradictions in the different perspectives, for example: support service providers suggested that they do mostly check interpreter credentials (to ensure that they are professionally qualified), but interpreters state that they are rarely asked to confirm their credentials. Furthermore, with respect to briefing of interpreters, support service providers seem to think they are providing briefings, but interpreters do not feel like they receive any such briefings.

The European questionnaire results also reveal that support service providers and interpreters have had minimal training on how best to work together in DV contexts, and any training received has mostly been through brief professional development workshops. Both support service providers and interpreters

confirmed the need for specialist skills and competencies to work with deaf women in DV contexts and the requirement for specialised training. Although support service providers and interpreters are expected to undertake general professional development, since the work with DV survivors is such a specialised and sensitive area, both groups commented on the need to be trained on how to deal with emotional boundaries, managing emotional responses, empathy, specific terminology, the nature of DV, and legislative processes.

The findings from the questionnaires were complemented by qualitative data collected in Ireland and the UK. In the UK, a focus group with interpreters and deaf independent domestic violence advisors (IDVAs)[4] confirmed that interpreters often do not want to accept work in DV contexts because it is so challenging. They identified the challenges as: difficulties in interpreting for distressed individuals, not having the resilience to deal with such emotionally charged conversations given their lack of exposure, not being familiar with terminology or legal procedures, and feeling constrained by the boundaries of their role (Napier, Clark & Gorman 2023).

Opsahl and Pick (2017) note that the presence of a sign language interpreter when deaf women report DV does not, however, guarantee language barriers are overcome. Their case study with one deaf female ASL signer found that she had to retell her story several times through different interpreters because of inaccuracies in previous interpreter renditions, causing her additional stress and trauma, and accentuating her vulnerability. As such, they suggest that deaf women may be reluctant to report DV when the only way they can do that is through an interpreter, due to concerns about communication barriers.

The review of the brief literature confirms that it is critical to gain more insights into the experiences of deaf female survivors of DV as a vulnerable

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[4] Independent domestic violence advisors (IDVA) are specialist trained and qualified professionals who work with victims of domestic abuse to develop a trusting relationship and help survivors with everything they need to become safe and rebuild their life. In Scotland (as opposed to England and Wales) they are known as independent domestic abuse advocates (IDAA). At the time of writing there are only a handful of deaf qualified IDVAs in England and no deaf qualified IDAAs in Scotland.

population, what barriers they face, and how they access support and information.

3. Methodology

This qualitative study was carried out as a sub-study as part of the Justisigns 2 project on deaf women's access to support from service providers and through sign language interpreters in reporting DV. Ethical approval was received from the Heriot-Watt University School of Social Sciences Human Research Ethics Committee on 27 February 2021. The research design adopts feminist principles in the study of gender, violence, and sexuality (Westmarland & Bows 2018), underscoring deaf women's lived experiences as a marginalised voice in the study of DV, and intersectional impacts on those experiences (Beckman 2014). This study adopts a participatory research methodology, which is an effective approach to use with vulnerable people (Aldridge 2015), deaf people (Barnett et al. 2011; Leeson et al. 2017), DV survivors (Jumarali et al. 2021), and deaf DV survivors (Mastrocinque et al. 2022) as it involves meaningful engagement of community stakeholders in the research process. Before detailing the methods of the study, it is important for us to acknowledge our positionalities as activist feminist researchers (Franks 2002).

3.1 Positionalities

Jemina: I am a hearing, white, PhD educated woman who grew up in a multigenerational deaf family with BSL as my home language. I am a practising sign language interpreter between English and BSL or International Sign, and in my academic life I conduct research primarily on mediated communication to inform applied linguistics, interpreting studies, and deaf studies. I was the project lead at Heriot-Watt University for the Justisigns 2 project. As a woman in a senior academic leadership position, I am becoming more interested in gender and feminist issues in academia and the interpreting profession and

the intersections across gender and feminist studies, deaf studies, interpreting studies, and the sociology of work. Both Lucy and I identify as "survivor researchers" (Westmarland & Bows 2018) as we are both survivors from former abusive relationships.

Lucy: I am a deaf, white woman with an undergraduate degree who grew up as the only deaf person in a hearing family. I learned BSL after I started school and since leaving university I have taken on various professional roles in the deaf community, and I work as a freelance BSL/English translator, presenter, and consultant. Over recent years I have become an advocate for deaf women's rights concerning DV, ensuring that information is available in BSL and signposting deaf women to support services that can meet their needs. I worked as the research assistant and project officer on the Justisigns 2 project, and I am seeking to become a qualified independent domestic violence advisor.

Lorraine: I am a hearing, white, PhD educated woman who grew up on the north side of Dublin with English as my mother tongue and learned Irish Sign Language as a teenager. I am an Irish Sign Language/English interpreter who has significant experience interpreting in gender-based violence and sexual abuse contexts. As an academic, my work is multidisciplinary. I was the Trinity College Dublin lead for the Justisigns 2 project. As a senior academic leading on equality, diversity, and inclusion for my university, I am particularly concerned with intersectional considerations impacting on equality and ongoing work across the higher education sector to end sexual violence and sexual harassment.

Lianne: I am a deaf, white, woman with a BA degree who grew up as the only deaf person in a hearing family. I learnt Irish Sign Language (ISL) when I started school especially in boarding school. I am chairperson of the Irish Deaf Society (IDS) – A National Deaf-Led Organisation. I am currently serving as IDS representative in the ISL Act 2017 Cross Community Committee. I worked as the research assistant at the Centre for Deaf Studies, Trinity College Dublin on the Justisigns 2 project. I was selected as Deaf Women of the Year 2019 (National Deaf Women of Ireland) in recognition of my extensive work in the Irish Deaf Society, Dublin Theatre of the Deaf, and ISL recognition campaign.

I am also a representative for IDS on the Disabled Persons Organisation network, which shares a common interest in the implementation of the UNCRPD in Ireland. Prior to 2018, I served as co-chairperson of the ISL recognition campaign. Since 2021, I have been a deaf interpreter. In the last decade, I have developed an interest in women's rights, especially for deaf women.

4. Methods

4.1 Participants

Calls were sent out via social media in BSL and English and people were asked to contact Lucy if they were interested in being interviewed. Eligibility criteria was that the deaf women must be BSL signers and have encountered DV. The goal was not to discuss the DV incident(s) themselves, but what level of access and communication support they felt they received during and after the reporting process, either through interpreters or other means.

Several women who initially made contact decided not to proceed with an interview. We endeavoured to involve women with a range of diverse characteristics in terms of age, ethnicity, and geographical location, but given the sensitivity of the topic being discussed we did not pursue involvement and were grateful to any women who came forward. The final eight participants who consented to be involved were reassured that: they could change their mind and withdraw their involvement at any time; all information about individuals would be anonymised in the publication of results to protect their identities; and information was available to signpost them to support services if the interviews triggered any uncomfortable memories. The profiles of the eight participants can be seen in Table 1. Pseudonyms have been used to protect identities; geographical locations have been given as regions rather than cities/towns, and ages have been given as a range to limit the possibility of identification.

Phoebe	White	South England	20s
Emma	White	Midlands	30s
Mila	Asian	Midlands	30s
Grace	White	Midlands	30s
Annie	Asian	Scotland	40s
Bonnie	White	South England	40s
Evelyn	White	Wales	40s
Wilma	Black	South England	40s

Table 1. Participant profiles

4.2 Procedure

This study involved one-to-one semi-structured interviews with eight deaf women in the UK. The interviews were all conducted by Lucy, as a deaf survivor, in order to ensure that participants felt it was a safe space with an insider as someone with a shared subjective experience (Harding 1992) and who was deaf (Paul 2021). Lucy was able to draw on her networks and the trust built with deaf women in the DV space to recruit participants through purposive, network, and snowball sampling. It is vital to ensure an ethical approach to obtaining consent when working with women from minority communities (Westmarland & Bows 2018) and dealing with sensitive topics in deaf communities (Obinna et al. 2005). As such, all participant and consent information was made available in BSL as well as English (Harris, Holmes & Mertens 2009).

The interview prompt questions (see Appendix 1) were drafted according to salient themes in the literature, co-created with the project stakeholder advisory group and validated through a pilot interview. They were adapted in each interview with feedback from each of the interview participants about what they felt was relevant to their post-DV access to support.

The interviews were conducted online using Zoom in BSL. All interviewees were offered the choice to be interviewed in person or online, and all participants opted

to be interviewed online as they stated they felt more comfortable with that option. The screen was video recorded so that all interviews could be translated from BSL into written English for the purposes of analysis. The translations were outsourced to an independent translation service and checked by the lead author before analysis. All participants were offered the opportunity to review their manuscript, but none took up the offer. The average length of an interview was 38 minutes, giving a total of 343 minutes of interview data across the eight interviewees.

4.3 Analysis

Analysis was conducted manually on the translations/transcripts of the interviews, annotating for themes that elucidated the barriers confronted by deaf female survivors of DV. Engaging in an iterative process of thematic analysis (Braun & Clarke 2006) allowed us to tease out further sub-themes to unpack the nature of the barriers experienced, referring back to the original BSL source texts to check any nuances when necessary.

As per the CrediT contributor roles taxonomy,[5] each of the coauthors contributed to the project in different ways, as seen in Appendix 2.

5. Results and discussion

Our findings correspond with those of Opsahl and Pick (2017), who found that deaf women face similar challenges to hearing women in reporting incidences of sexual assault, but they experience additional barriers due to not being able to sufficiently access information and support in sign language. The notion of facing barriers when reporting DV was raised by all of the interviewees in this study and was the most salient overarching theme. The following quotes epitomise what the deaf women interviewed had to say concerning barriers to access to support for DV:

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[5] See: https://credit.niso.org.

Barriers were preventing me from accessing support. When I reported it to the police, they did not provide what I need in terms of an interpreter, so this meant that I was only dealing with hearing people. (Emma)

There are barriers because there is a lot of jargon or domain-specific terminology and I then need to wait until I have an interpreter available to translate. (Grace)

Having to deal with barriers can be challenging. (Annie)

I faced so many barriers and there was so much uncertainty about what I should do. (Phoebe)

These quotes collectively shed light on the challenges the deaf women feel they face due to systemic barriers, because they could not access information in BSL, or through lack of provision of interpreters. They highlight experiences where a lack of interpreter services isolates individuals, delays access to information due to specialised language or jargon, and creates feelings of uncertainty and frustration in navigating systems. The overarching sentiment is one of difficulty and exclusion, and that barriers created extra emotional load for them when they were already vulnerable from their DV encounter.

When digging deeper into the general theme of barriers the sub-themes revealed the nature of the barriers, which were broken down into seven themes that were repeatedly commented on by the deaf interviewees:

1. Access to interpreting (41 mentions)
2. Lack of information in BSL (22 mentions)
3. Lack of deaf cultural awareness (15 mentions)
4. Needs for ongoing support (13 mentions)
5. Deaf-specific services (12 mentions)
6. Training/education needs (9 mentions)
7. Recognition of diversity (9 mentions)

What follows is a presentation of the themes with selected illustrative quotes from deaf interviewees.

5.1 Access to interpreting

As can be seen from the above list of themes, the most common theme discussed was that related to interpreting. Participants presented divergent views on the merits and challenges of working with interpreters when disclosing their experience of DV, which corresponds with findings from other studies (e.g., Anderson & Kobek Pezzarossi 2014). One of the key issues was whether they could trust the interpreter and concerns about confidentiality:

> I know most deaf people have their suspicions when working with interpreters due to the risks of confidentiality being broken. That's why I was cautious about working with interpreters as I know some of them have broken confidentiality before, not all of them but some have in the past. Confidentiality is so important, it is crucial that we have the right to privacy and can trust the interpreter. (Annie)

Annie expresses a common fear among many of the deaf interviewees about the potential risks of their personal information being shared without their consent, especially because of the highly sensitive nature of the information being disclosed. Although treating information as confidential is a key tenet of the interpreter Code of Conduct (National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) 2024), this fear is based on past instances where interpreters are known to have breached confidentiality in other contexts, highlighting a significant trust issue in the relationship between deaf survivors and interpreters. This concern about confidentiality was not only with respect to interpreters, but also in relation to deaf community networks (see section on deaf-specific services below). This situation creates a tension as interpreters are encouraged to be closely networked to deaf communities in order to be acculturated into deaf cultural norms (Miner 2021) but in DV settings these deaf women were concerned about interpreters knowing too much.

Several of the deaf women also talked about wanting to have the same interpreter throughout their journey of reporting incidence(s) of DV through the police and court system, so that they can build rapport and the interpreter is familiar with the case:

> I wanted to have the same interpreter so that I didn't have to keep repeating what happened and they would have that contextual knowledge. I also wanted to keep the number of people that knew about the incident to a minimum and just have one interpreter that I could trust. (Annie)

In addition to fostering trust, other participants also commented that having the same interpreter mitigates having to repeatedly relive the trauma of the DV incident, which was a point made by Opsahl and Pick (2017) in their case study with one deaf ASL signer. Having the same interpreter also reinforces the concern about interpreter confidentiality as the women are more likely to keep the information contained if there are fewer interpreters involved in the case.

The deaf women also commented on the stress that can be created by lack of interpreter availability and how this can exacerbate an already traumatic situation. The interviewees highlighted two key related, but separate issues: temporality and capacity. In terms of temporality, because DV incidences can happen at any time, or a deaf women might suddenly decide that a particular moment is the right time to report DV, interpreters might not be immediately available:

> Once the police arrived, I was waiting for the interpreter to come, but they kept trying to talk to me, I had to keep saying to them to wait until the interpreter arrives. They asked me a lot of questions about where he [the perpetrator] could be. (Grace)

The other related issue of capacity is that interpreters may not even be booked, or if a booking request is made there are no interpreters available in the vicinity:

> [With] access to interpreters. I was never let down in that regard in [city], but since I have moved to [city], they have let me down with booking interpreters which has been very stressful. (Emma)

The lack of communication access places an additional burden on deaf women in this context when they are already feeling vulnerable, and it is clear that the level of service provision is inconsistent across the country. This inconsistency likely arises because BSL interpreters in the UK are concentrated mainly around

major metropolitan areas and mostly in the Southeast of the country (Napier et al. 2021).

Interpreters not understanding the use of DV-related terms by support service providers also provides another layer of stress:

> They [the interpreter] did not have the appropriate knowledge to interpret in this setting. Or they would ask the hearing person "what do you mean by that" and then relay over to me but you can see that they didn't understand how to actually accurately translate that information. This has an effect on me because I'm looking at the two of them having the discussion and I can see the interpreter is not competent which stops me from feeling like I can trust them and build a rapport. It just seems when I've been using these services, there's a lot of back and forth and clarification that's involved leading me to feel a little bit uncertain about what's going on. (Phoebe)

The lack of adequate competence explains why interpreters might be reluctant to accept work in DV contexts, as noted by Tipton (2018; 2023) and Napier, Clark, and Gorman (2023), and highlights the need for interpreters to receive specific training on working in DV contexts. If interpreters are not comfortable to accept the work, then this exacerbates the issue of interpreter availability as highlighted above.

In some cases, qualified interpreters were not provided, but rather hearing people who had basic sign language skills, which impacted on the quality of communication:

> Before I met with the housing officer, I requested a BSL interpreter, but instead they brought in a hearing person who was a "deaf advisor" who worked for the council who was not qualified to interpret as they only have Level 3 BSL. I could communicate with the advisor, but I explained to the housing officer that it has to be a fully qualified interpreter. The housing advisor just could not understand what the difference was between an interpreter and an advisor and the difference in cost between the two. (Phoebe)

The deaf women also reported a lack of awareness on the part of service providers that they have a responsibility to provide interpreters:

> The thing I don't understand is that solicitors understand the law, but they don't understand their responsibility to provide interpreters as it is my right. It just doesn't make sense. If they are unsure, they should be responsible for researching the legalities surrounding this first. I tried to explain that it was their responsibility, but it's interesting that he didn't even bother to look into it. (Bonnie)

In a situation where deaf women are already vulnerable, having a professionally qualified interpreter is paramount (Napier, Leeson, et al. 2023), as this is more likely to ensure the quality and reliability of the interpretation (del Pozo Triviño 2017; Tipton 2017). However, as seen above, having a professionally qualified interpreter does not guarantee that language access is achieved. Phoebe's and Bonnie's comments reinforce the findings of Skinner and Napier (2022) with police officers, that language barriers are maintained when hearing service providers who are responsible for booking interpreters do not understand the consequences when interpreting is not provided, or when they rely on unsuitable people who may have some BSL fluency but are not qualified interpreters.

The lack of availability of interpreters can also mean that interpreters get asked to interpret for both the DV victim and the alleged perpetrator (if they are both deaf), which potentially compromises the integrity of the case and the trust from the DV victim. This possibility also calls into question the ethical stance of the interpreter if they agree to work with both sides of the case:

> The main thing is booking interpreters, especially with the court. I remember when I was there about getting full custody of my child, the solicitor booked two interpreters for me who would co-work together. However, my abuser's solicitor was asking my interpreter to help him, but I didn't want that. They should have booked and paid for their own interpreters, but he tried to use my interpreter saying that he would pay half the interpreters' fee. I checked whether the interpreter would consent to this even though I didn't want to because if I didn't [let him use the same interpreter] then we would have had to postpone, and it would have just cost more as well. They should not have tried to steal my interpreter; they should have their own interpreter. That is just wrong, if one of the interpreters left to interpret for my abuser and they were my preferred interpreter what do I do? (Mila)

Having an interpreter work for both sides of a DV case could potentially compromise that case, because although interpreters are bound by the tenet of confidentiality, they will have knowledge of the stories of both the survivor and the alleged perpetrator, which could unconsciously influence their interpretation. Furthermore, as noted earlier, deaf women already have concerns about interpreter confidentiality, which could be intensified in this situation. Trust of interpreters has been identified as a critical issue generally (Edwards, Alexander & Temple 2006; Napier et al. 2017; 2019), but in DV situations it is brought to the fore even more because of the vulnerability of deaf women in this context. Deaf academics have argued that it is not an issue of trust but of deaf people's ability to evaluate interpreters' competence (O'Brien et al. 2023). Yet, as revealed by the deaf women's comments above, in these DV situations there is a lack of opportunity for deaf women to make that assessment when there is often a time pressure.

Although interpreters are only there to mediate the interaction between support service providers and women who are reporting DV, several of the deaf women mentioned the assistance they had received from interpreters who were familiar with what support the deaf women could access and where and signposted them to it:

> I really do want to thank my interpreter. For giving me the heads up about what other people already knew. And also, for putting me in touch with [name of deaf-specific service] as well as warning me about going down a route where potentially I would have my child taken away. So yeah, she [the interpreter] was really good. And I wasn't aware of things like that. I was very ignorant about those things. (Wilma)

The quote calls into question the role of the interpreter in these settings and their adherence to professional ethics to not become involved in interactions but only mediate them. But if deaf women are already experiencing barriers in being able to report DV or accessing support, if the interpreter is the only person who has the deaf cultural and community awareness of what they need, perhaps it is not surprising that the interpreters themselves may offer support and appropriately act more as "cultural brokers" (McDermid 2010), especially in

sensitive settings (Loach 2019). This type of action would be supported by the new Code of Conduct for BSL interpreters in the UK (NRCPD 2024), which stresses that interpreters should act in the best interests of people.

Despite the many barriers described by the deaf women in this study in relation to interpreting, some participants were also complimentary about the interpreting services they had received once the DV case went to court:

> The court luckily had a contract with an agency which meant that the interpreter was trained and experienced in working in court settings. They also ensured that we had the same interpreter throughout. But the defendant chose to have just any interpreter. However, I wanted to exercise my right to pick which interpreter I would like. Luckily the interpreter offered was highly skilled and was present throughout. I wanted an interpreter who was skilled and able to translate the information correctly . . . the interpreter was able to keep up with the proceedings, it was a really lovely process. The judge was aware that I am deaf and that he would need to allow time for the interpretation. The interpreter was able to pause and clarify information when needed, and the judge allowed the interpreter to interrupt to let them know whether they needed to slow down. The overall pace of the hearing was managed well to ensure no information was missed in the interpretation. I was very fortunate. (Annie)

The approach described could be considered as good practice; the ideal scenario for an interpreter to be booked who has competence and familiarity in this context, which then engenders trust. This example also points to the importance of cultural awareness of the impact of interpreted proceedings, as demonstrated by the judge, and discussed further in the section below on lack of cultural awareness.

5.2 Lack of information in BSL

The theme of lack of information in BSL primarily referred to the participants' lack of contextual knowledge of what could be considered as DV (also referred to as "fund of knowledge," Mastrocinque et al. 2022), lack of understanding of

key terms and legal definitions associated with DV, and the lack of information provided about procedures, primarily because information was not available in BSL. These results corroborate the experiences of deaf women in other countries as reported by several researchers in the United States (Obinna et al. 2005; Anderson, Leigh & Samar 2011; Anderson & Kobek Pezzarossi 2012; 2014; McQuiller Williams & Porter 2015; Crowe 2017), Germany (Schröttle & Glammeier 2013; Fries 2020), and Austria (Schügerl 2023). For example:

> They knew I was deaf, yes, but I was vulnerable because of that lack of access to information . . . [I] would like to have, you know, they have the [Crown Prosecution Service] website with various different resources, for example, lots of information about rape, drug use, stealing, and so on, but we need BSL translations as well. They need to have visual information for the deaf community to help us to understand what exactly that means, what the person has been charged with, and what the process is. (Grace)

Some participants also acknowledged how empowering it can be to have the information in BSL:

> The workshop with [name of organisation] had a massive impact on me, it was a real eye-opener because the information was there in BSL, and the trainer had a wealth of knowledge on what is right and wrong. The session gave me that confidence and it was really empowering for women. They taught me how I could stand my ground and become confident in my decisions. It gave me the freedom to walk away. It really was valuable and helped me in my life. (Emma)

These quotes highlight the critical need for accessible information in BSL in DV contexts. Grace expressed the frustration and vulnerability that comes from not having access to essential information in BSL, but Emma's quote provides a positive contrast by highlighting the impact of having information presented in BSL. This underscores the significant impact of accessible information in BSL on the empowerment and well-being of the deaf survivors of DV, leading to self-advocacy and informed decision-making. These experiences emphasize the urgent need for more resources and services to be made accessible in sign

language to ensure the full inclusion and empowerment of deaf female survivors, which is a gap also noted in other countries (Obinna et al. 2005; Anderson, Leigh & Samar 2011; Schröttle & Glammeier 2013; McQuiller Williams & Porter 2015; Crowe 2017; Fries 2020; Schügerl 2023).

5.3 Lack of deaf cultural awareness

The issue of lack of deaf cultural awareness among police and other support service providers was mentioned repeatedly by the deaf interviewees, in that they did not know what was needed to provide support to deaf women reporting DV:

> I could see that the hearing person was confused by the term "deaf community," they never realised that there was one, similar to other minority groups . . . I felt like I couldn't express myself fully because it was being conducted by a hearing person and then translated through an interpreter. The way the assessment was set up does not help deaf people, the hearing professional did not have any deaf awareness and the interpreter was not able to understand everything I was explaining so the interaction just got progressively worse. (Phoebe)

> I've emailed the support providers in [city] as they keep sending me letters in the post that say that I need to contact them via the phone, but I can't phone as I am deaf. I prefer email but there's no email to contact them, only a phone number. (Emma)

These quotes demonstrate that service providers not only have a lack of awareness about interpreter provision (as observed earlier); they also have a lack of deaf cultural awareness of other accommodations that they might need to make to interview a deaf woman about her DV experience. This situation is not surprising as it corroborates earlier findings from Engelman and Deardorff (2016) in the United States, who found that police officers do not know what to do when responding to a DV call from a deaf person.

5.4 Needs for ongoing support

The deaf women mostly were referred to mainstream hearing services for ongoing support after reporting DV and had variable experiences:

> They explained what the process would be and the support available for victims of domestic violence. The officer sent me an email link with information on what support is available, but I felt like the information was not accessible to the deaf community. The service seemed to be for hearing people, I asked him, would the service have interpreters available, but they didn't know, which was disappointing. (Grace)

Grace's example highlights the fact that language access is not only needed when reporting DV, but also afterwards to receive ongoing support. However, interpreters often are not available or provided or funded, and/or the service providers are not culturally aware of how to make their service accessible to deaf people. This explains why many deaf women may be resistant to disclosing the DV in the first place, if they feel there will be language barriers (Opsahl & Pick 2017; Schügerl 2023).

5.5 Deaf-specific services

The lack of deaf cultural awareness among hearing support service providers underlines the benefits of having deaf-specific services to provide support directly in sign language to deaf women who report DV. This mitigates the lack of widely available information in BSL, and also mitigates issues with sourcing interpreters or finding appropriately qualified interpreters:

> I had previously considered going to a deaf counsellor, but I was just so uncertain about whether it would be right for me. I decided to try it and see how it went because even after 1 year the incident was still affecting me significantly. When I made contact with the deaf organisation it was really overwhelming because I finally got to be able to talk to someone in my language who understood me.

Straight away they offered support, information, workshops, and explained what I needed to do which was so empowering. I started to suddenly feel like I could see a light at the end of the tunnel. I had finally gotten the support I needed, and they understood exactly what it was I was needed without me even having to say it. It was so much easier dealing with someone directly in BSL and not having to use text or email. Looking back on my experience I should actually have gone to a deaf organisation in the first place. (Phoebe)

Although deaf-specific services might be preferred by some because of the ease of communication, others highlighted the fact that it is not always preferable due to the close networks in the deaf community (e.g., deaf support service providers may have gone to school with deaf perpetrators):

The problem is with the deaf community being small, there's a concern about confidentiality . . . if you were to disclose domestic violence everyone in the deaf community would know, it would spread so quickly. [Name of country] is a big country and then when you move to somewhere like the UK the deaf community is even smaller yet again, so that's why deaf people are so cautious. (Phoebe)

Therefore, as discussed earlier, concerns about confidentiality are relevant to deaf service providers as well as to interpreters. It would seem that the element of choice is crucial here; to give deaf women the option of whether they would prefer a deaf-specific service or to access a mainstream service via interpreters. This choice would be weighed up on their need to access information directly in a culturally deaf way and any concerns about confidentiality.

5.6 Training/education needs

Several of the deaf women talked about how resources in BSL could be complemented by providing more training and education for deaf women in BSL so they can better understand what DV is:

The deaf community needs more training, most are not aware that domestic violence is more than just physical violence, there are so many other facets to

it that many are shocked to find out . . . I feel we need to make sure that they have an understanding of what a healthy relationship is, I don't think there's a lot of clear information available in BSL . . . Now I understand [that I was raped] and that's because we need more training and more information, the topic of domestic violence is not taboo anymore. We need this training so that women are aware that domestic violence is not only physical, it includes controlling and manipulative behaviour, emotional abuse, verbal abuse . . . I experienced all of those. But I didn't see that at the time. (Evelyn)

As found by Anderson and Kobek Pezzarossi (2012) and Mastrocinque et al. (2022) in the United States, deaf women often do not necessarily understand what is meant by DV, which we can see is also the case with deaf survivors in the UK. This lack of knowledge of what constitutes DV would also be another reason for why deaf women do not report it if they do not recognise what they are experiencing as DV (Opsahl & Pick 2017; Schügerl 2023).

Training was another theme raised in relation to interpreters and the fact that they ideally need to have training to understand the complexities of working in DV contexts:

I do wonder whether they can improve the [registration body] website, at the moment they allow interpreters to include the domains that they have worked in, for example, police, healthcare, community, and so on. There is no option to list that they have undertaken training in domestic violence, if they did it means that when a hearing service provider goes on to [website] they can see instantly that person has been trained to work in domestic violence situations and they can book them. They should definitely do that. (Phoebe)

Having specialised training for interpreters would mitigate many of the other issues that have been raised, for example, understanding of DV terminology and interpreters' reluctance to accept work. The views of the deaf female participants about the need for interpreter education in DV reaffirms the perception of interpreters themselves that they would like training to work in this context (Tipton 2018; 2023; Napier, Leeson, et al. 2023). This supports Opsahl and Pick (2017, 58), who state: "If more competent, culturally sensitive interpreters were trained for

disclosure situations in mental health or legal settings, it is possible that more deaf survivors would feel comfortable disclosing to the police or seeking medical assistance." Deaf cultural awareness training for police officers and other service providers would also reduce frustrations and barriers and improve the working relationship between interpreters and service providers in a highly sensitive context.

5.7 Recognition of diversity

As noted earlier, deaf women who have other intersectional characteristics may face greater impacts from DV when accessing services because of additional barriers created through that intersectionality (Admire & Ramirez 2021). Several of the women interviewed who were from different minority ethnic backgrounds mentioned this specifically, with one example from Annie:

> With [name of organisation] they did not have a full understanding of my ethnicity and background, they had more of a superficial understanding. I had to take on the burden of explaining my experiences, my background, and my culture to enable them to gain a better understanding, they didn't already have that knowledge . . . Obviously, they need to be more deaf aware and improve accessibility, without this it becomes very frustrating and can led to me feeling even more trapped. They need to ensure the process is as smooth as possible by having a greater awareness of the influence ethnic backgrounds can have to enable them to tailor their support to these sensitive issues. I was having to educate them on that, on top of the already stressful situation. (Annie)

As seen in this example from Annie, the intersectional experience of deaf DV survivors is compounded when service providers are already unsure of how to meet the needs of deaf women and do not know how to take other cultural issues into consideration. It is clear from the interview data that in the DV context, deaf women feel that in addition to already being vulnerable due to experiencing domestic violence, they are further disadvantaged because they are deaf. So, they experience a double disadvantage because they are deaf women (see

Becker & Jauregui 1985; Altıntaş 2020); and a triple disadvantage because they are deaf, female, and DV survivors (see Napier 2024). Furthermore, participants from minority ethnic backgrounds can face a quadruple disadvantage due to race/ethnicity being an additional intersectional factor.

6. Conclusion

Interviews with eight deaf female survivors of DV in the UK revealed that the lack of deaf cultural awareness on the part of service providers, understanding of DV-related issues on the part of interpreters, and the need for training for police officers and interpreters to work with women in DV contexts were critical issues. Alongside their reported needs for specific ongoing support in sign language, the deaf women reported frustrations with the provision of professional BSL interpreters either because no interpreter was available, the interpreter was inappropriate (because they did not have the knowledge required to work in DV settings), or that police or other service providers had asked someone else (i.e., not a professional interpreter) to interpret the interaction or did not know how to book an interpreter.

Overall, these findings emphasize the urgent need for improved accessibility to interpreter services for deaf women experiencing DV. Ensuring timely and reliable interpreter availability is crucial for their safety, well-being, and ability to navigate the systemic barriers in reporting DV (see Mastrocinque et al. 2022). It underscores the importance of addressing both temporality—the need for interpreters at any time—and capacity—ensuring there are enough interpreters available in a given area to meet the demand.

The most salient theme that emerged from the data was the lack of information, or access to services, in BSL. It is, therefore, evident that deaf women who experience language barriers in accessing support when they report DV can be considered as societally vulnerable, as noted by Federici (2020) with respect to migrant communities.

These interviews reinforce the notion that, based on their lived experiences, deaf female DV survivors can be considered as vulnerable in this context, not only

because they have experienced DV, but also because they are deaf. As such, it is clear there are many factors that need to be taken into consideration–not just the deployment of interpreters, or whether interpreters should accept work in DV settings, but also sociocultural factors, availability of information in BSL, and the recognition of diverse needs among deaf female survivors.

It should be acknowledged that the findings from this study only represent the perceptions of eight deaf BSL-using women in the UK and cannot necessarily be generalised. Nevertheless, the findings echo those from research with deaf women who are signers in other countries. The findings from this study also reiterate research that has been conducted with women who are minority language community members in the UK and elsewhere in Europe.

This study makes an important contribution to understanding the experiences of DV survivors who face structural barriers in accessing information and support to report DV. As well as reiterating findings of research by other authors, by drawing on the theoretical framework of intersectionality, this study makes a significant contribution to the discussion of minorities' rights from the specific angle of deaf communities and sign language interpreting, especially given the dearth of literature in the field.

It is hoped that the findings of this project will lead to a greater understanding of the access challenges for deaf female DV survivors; provide deeper insights into the urgent problem of communication in support for deaf female DV survivors; and what steps can be taken to reduce the vulnerability of deaf women after DV incidences. The findings also have implications for the consideration of migrant family DV situations, which can lead to policy recommendations for language services in DV contexts for all minority language speakers. As suggested by Federici (2020), changes in language policies may reduce language barriers, either by providing support services directly in the language of choice, or through professional interpreters. The results of this study can also feed into guidance for how services providing support to women in DV situations need to be tailored when the survivors do not have access to the majority language of the country.

In the Justisigns 2 report (Napier, Leeson, et al. 2023) we made recommendations to translate the findings of these interviews into policy and

impactful activities. As a result of a submission to the Scottish Government's Independent Strategic Review of Funding and Commissioning of Violence Against Women and Girls Services, it was recognised that deaf women's needs are not being met and that there should be targeted funding for deaf-specific DV support services for deaf women (Irving 2023).

Furthermore, a training course, toolkits, best practice guidelines, and factsheets have been developed for support service providers and interpreters to work together to be shared with professional stakeholder organisations; for police officers, social workers, healthcare professionals, and other DV support service providers with tips on working with women who are migrants, asylum seekers, refugees, or deaf signers; and for interpreters, with key issues to consider when working with female survivors of DV (see https://justisigns2.com).

Another outcome of the project that benefits deaf women and interpreters in particular was the creation of a BSL glossary of key DV terms, along with BSL translations of basic sentences for police officers to use if they encounter a deaf woman reporting DV before an interpreter can be found (see https://signs.hw.ac.uk/justisigns2/).

Training has been provided to deaf women in collaboration with deaf community support organisation Deaf Links in Dundee, Scotland, and also to police officers and interpreters in collaboration with Police Scotland and An Garda Síochána in rural parts of Scotland and Ireland (Napier, Clark, et al. 2023). Finally, in order to disseminate information to deaf women, we created a documentary presented in BSL that covers key challenges for deaf women, and features narratives from the deaf women interviewed in this study (Clark, Lever-Hogg & Napier 2023).

There is a clear need for more direct co-designed participatory research with deaf women who are survivors of DV with a focus on their lived experiences of interpreting in DV contexts, especially those from diverse backgrounds. There is also a need for further research on interpreter preparedness towards enhanced understanding of its impact on disclosures by victims and survivors of DV. The issue of vicarious trauma for interpreters and the gaps in understanding on the parts of law enforcement and support agencies about what constitutes positive access to interpreting for all parties are among the areas most urgently requiring further research.

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Appendix 1

Justisigns 2: Interview questions for deaf women

1. Tell us about your experience when the incident occurred? (you don't need to go into details of what actually happened but more once it had happened, what did you do and why).

2. Tell us about the kind of support you received. Who signposted you to that support? And in what order did the support come? (police, health, counselling, refuge).

3. Tell us anything positive and negative with the support.

4. Can you describe how their services were organized? E.g., interpreters, timeline.

5. Could you tell us about organizations/services you had contact with? Were any of them deaf-specific? Or specifically for BME communities?

6. How did it feel when you interacted with staff in their services? Could you communicate directly in your preferred language(s)? Were there interpreters some of the time/ all of the time/ none of the time?

7. Did you feel comfortable in terms of identity that the support professionals you came into contact with understood your needs (deaf, race, religion, etc.)?

8. What kind of aftercare support have you had (if any)? From what services? Did they meet your needs?

9. Did you have the same interpreters from the start to the end, with the choice of who you preferred?

10. Tell us about any challenges you experienced during your journey?

11. What do you think are the advantages/ disadvantages of going to a specialist service that specifically meets your needs (deaf/ ethnicity) or going to a mainstream service with interpreters?

12. Can you give us an example of when you felt most comfortable?

13. Can you identify any trainings needs for support service staff/police/interpreters?

14. Is there any other general information you would like to share with us?

Appendix 2

Contributor roles

Contributor role	Napier	Clark	Leeson	Quigley
Conceptualisation	X	X	X	
Funding acquisition	X		X	
Project administration	X	X	X	X
Supervision	X		X	
Methodology	X	X		
Resources (literature gathering & review)	X		X	
Data curation	X	X	X	X
Investigation	X	X		
Data analysis	X	X		
Data validation	X	X	X	X
Visualisation of data (tables, etc.)	X			
Writing, reviewing, editing	X	X	X	X