

EXECUTIVE SUMMARY

SILENT HARM

A review of support for survivors of gender-based violence

CONTRIBUTORS

Jemina Napier, Lorraine Leeson, Maribel Del-Pozo-Triviño,
David Casado-Neira, Haaris Sheikh, Gill Harold, Lucy Clark,
Lianne Quigley, Leonie O'Dowd, Beatriz Longa-Alonso,
Silvia Pérez-Freire and Carmen Cabeza-Pereiro

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JUSTISIGNS2

*empowering people who experience
domestic, sexual & gender-based violence*



Erasmus+



PROJECT TEAM

COORDINATOR

INTERESOURCE GROUP
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PARTNERS



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



DRCC
Dublin Rape Crisis Centre



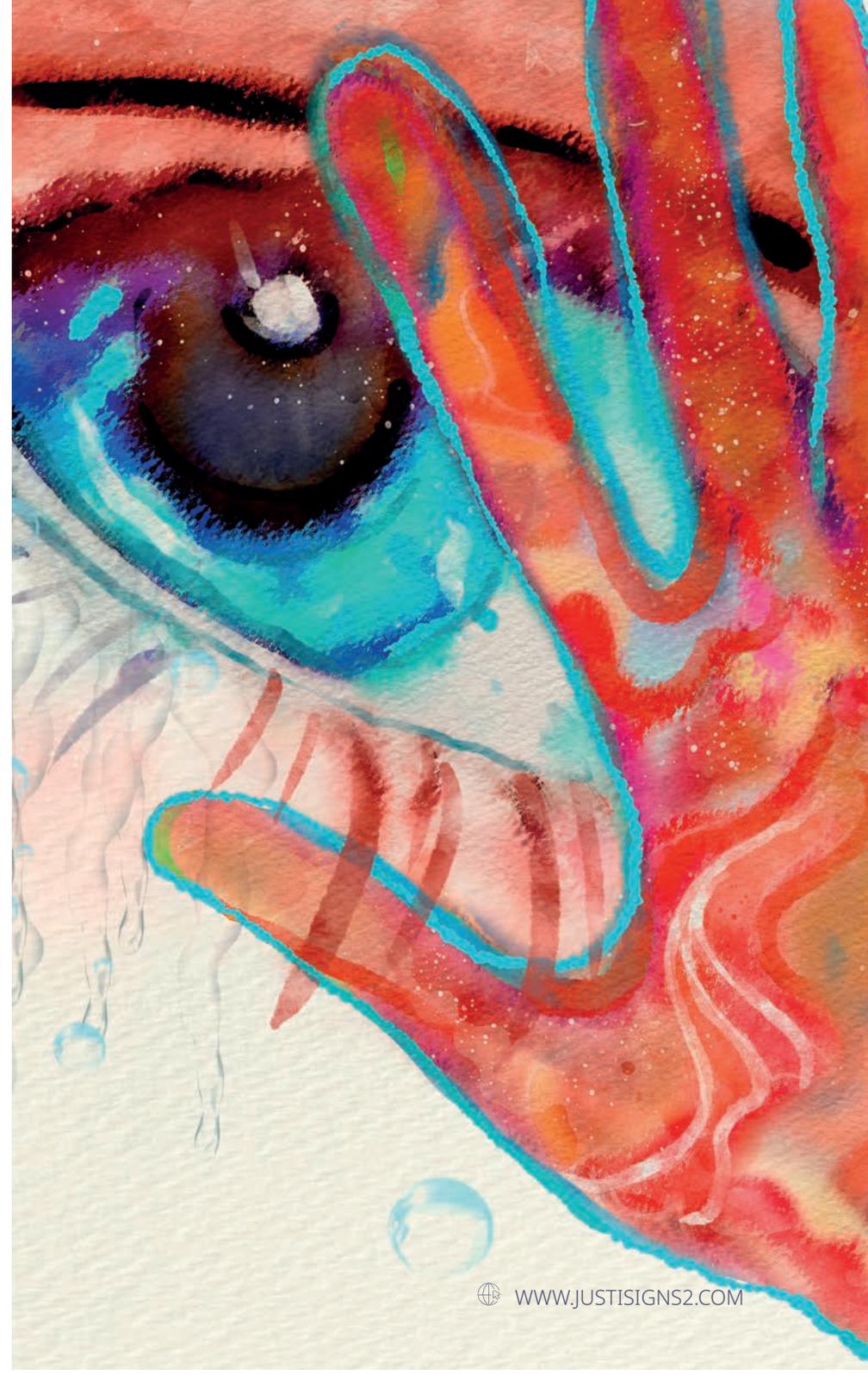
An Garda Síochána
Ireland's National Police and Security Service

Universidade de Vigo



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BACKGROUND

There is a noticeable dearth of literature on the direct first-hand experiences of women who are migrants, refugees, asylum seekers and deaf signers accessing interpreting services in circumstances relating to gender-based violence (GBV), but there is robust consensus across the brief literature that women from these communities who experience GBV should have timely access to interpretation by competent and specially-trained professionals, in a respectful framework of practice based upon integrity, which respectfully upholds their human rights in order to facilitate full and equitable engagement with the legal system and relevant support services. This literature confirms the imperative to better understand the needs of women who are migrants, refugees and members of deaf communities in receiving support when reporting GBV, and also the needs of support service providers and interpreters in how best to work with women reporting and getting in-going support for their experiences of GBV. Therefore, this is a timely study.



THIS PROJECT

Justisigns 2 is a follow-up project to the JUSTISIGNS project which focused on providing access for deaf signers to the police through sign language interpreting. The JUSTISIGNS project surveyed the training provision available for sign language interpreters in legal settings across Europe (Napier & Haug, 2016) and found that there was a need for resources to support deaf signers and interpreters (Leeson, et al., 2021). Discussions with police officers also identified that there is varied understanding of accommodations needed when interviewing deaf signers (Skinner & Napier, in press). As such, training modules were developed that can be delivered to police officers or interpreters about best practices for working together (Napier, et al., 2022).

As part of JUSTISIGNS project it was identified that there was a distinct lack of knowledge and resources for deaf women who experience GBV and interpreters were wary of working in GBV contexts as they did not feel they had sufficient training or expertise to work in this sensitive context. So, the Justisigns 2 project was established to concentrate specifically on access to GBV support through interpreters, and to supplement the work already carried out in the UK, Ireland and Spain to support people who have experienced GBV (for example by the Dublin Rape Crisis Centre, one of the partners on the project). In Justisigns 2, our target audience can be described as:

- 👤 Deaf signers as a linguistic and cultural minority
- 👤 Migrants, refugee and asylum-seeking women and girls.

In an ideal world, language concordant services would be offered so as to match cultural as well as linguistic needs, which for example in the case of deaf signers would be services delivered by deaf signers in sign language (De Meulder & Hualand, 2019). Typically though, access to information and support for minority language communities who have experienced GBV are offered in mainstream services through the provision of interpreters.

So, this raises an important question as to whether professionals who work in various support services understand the needs of women and girls from minority communities who have experienced GBV, in terms of their linguistic and cultural backgrounds? Do interpreters working in GBV contexts understand the sensitivities of working with women and girls from minority communities who have experienced GBV and the goals of the service providers?





THE
FUTURE
IS

EACH TIME
WOMEN
STANDS UP
FOR HERSELF
SHE STANDS
UP FOR ALL
WOMEN



FOCUS OF JUSTISIGNS 2

Thus, the focus of the Justisigns 2 project was to develop a better understanding of the needs of women and girls from minority language communities who have experienced GBV in accessing information and services via interpreters, in order to make recommendations about the resources needed and the training needs of associated professionals. Across the UK, Ireland and Spain, the goal of the Justisigns 2 project was to:

- 👤 Collect an evidence-base from different professional stakeholder (i.e. interpreters and support service providers) perspectives through a survey and focus groups;
- 👤 Collect evidence-base from women from deaf and minority language communities who have experienced GBV about their experiences in accessing support and information in their home/preferred language through interviews and focus groups
- 👤 Develop training materials and resources in relevant languages (English, Spanish, British Sign Language, Irish Sign Language and Spanish Sign Language).

A questionnaire was developed to elicit a snapshot of the experiences and training needs of support service providers and interpreters working with women who

have experienced GBV that are migrants, refugees, asylum seekers or deaf signers. The findings from the questionnaires were complemented by qualitative data collected through interviews conducted with deaf survivors, police officers and social workers, and a roundtable with interpreters and deaf Independent Domestic Violence Advisors in the UK, plus focus groups with interpreters in Ireland (and Spain?). The focus in this report is on the questionnaire results, but also touches on the key themes from the UK interview data with deaf women.



Women of any age, appearance, social class, ethnic origin and intellectual ability are vulnerable to rape. Men and children are also raped. People with physical or intellectual disabilities are raped. In a war situation, women can be raped as a policy of intimidation, revenge or demoralization, and in that case all females, from the very youngest to the very oldest, may be targeted.





THE QUESTIONNAIRE

The objectives of conducting a questionnaire survey were to:

- 👤 Know the current situation of communication with women victims of GBV (in accordance with the provisions of the project);
- 👤 Identify, analyse and determine the training needs for support service providers interpreters in working with women who have experienced GBV;
- 👤 Identify, analyse and determine the training needs for interpreters in working with women who have experienced GBV;
- 👤 Carry out a comparative analysis of the partner countries of the project: victims' profile, types of GBV they experience and training of professionals.

Two different questionnaires were developed to be administered in the United Kingdom (UK), Spain and Ireland: one for interpreters and the other for support service providers. In the case of interpreters, those of spoken (foreign) languages and signed (national) languages, as well as foreign signed languages, have been considered. Regarding the support service providers, those professionals who carry out their work in the fields of intercultural mediation, education, social work, police,

health, judicial, NGO intervention, and others have been included. The questions were presented in four sections.

For Interpreters:

01. Basic characteristics of interpreters
(19 questions).
02. Interpreting for victims of GBV
(6 questions).
03. Aspects related to communication with victims of GBV
(4 questions).
04. Considerations concerning interpreting
(14 questions).

For Support Service Providers:

01. Basic characteristics of service providers
(18 questions).
02. Support to victims of GBV
(7 questions).
03. Aspects related to communication with victims of GBV
(14 questions).

04. Considerations concerning interpreting
(14 questions).

Access to the questionnaire was provided through an online link (one for interpreters and one for support service providers). The questionnaire was hosted on a platform subject to the data protection and privacy requirements in force in the EU. Settings were established to allow for access to the questionnaire and the responses collected to conform to anonymity requirements.

The total number of responses obtained amounted to 374 completed responses across all three countries, of which 267 were support service providers and 107 interpreters. Incomplete or inconsistent responses to the questionnaire have been excluded from the total number, so the number of valid cases has been corrected (see Table 1 in the main report).



RESULTS

In sum, it can be seen that both the support service providers and interpreters who responded to the survey admit to not having much experience in working together in GBV contexts, and also lack of familiarity with how to best work together. There are also some contradictions in the different perspectives, for example, support service providers suggest that they do mostly check interpreter credentials, 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 doing that but interpreters do not feel like they get it. Support service providers have worked with women across a range of characteristics and ages, as have interpreters.

The questionnaire results reveal that support service providers and interpreters have had minimal training on how best to work together in GBV contexts, and any training received has mostly been through professional development workshops. There is a juxtaposition between priorities for support service providers and interpreters and where there are mismatches concerning the ranking of language skills, people skills, and level of specialist information needed; with a lot of attention on both sides given to interpersonal skills.

Both support service providers and interpreters confirmed the need for specialist skills and competencies to work with women in GBV contexts and the requirement for specialised training. Although support service providers and interpreters are expected to undertake general professional development, as the work with women who have experienced GBV 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, and specific terminology, the nature of GBV, and legislative processes.

It is clear from the results that there are many things that are imperative to include in training that may need to be localised. For example, support service providers in Ireland mentioned information on GDPR specifically as the local application of legislation is more intense than in other countries. This then impacts on understanding of ethical guidelines and unanticipated consequences of other things in the system, e.g. citing GDPR as a reason for not giving information to interpreters. So, guidance needs to be provided that not only is it appropriate to give this information to interpreters for preparation purposes but that it is actually best practice to do so to protect human rights.

Likewise, police in Spain have to inform a suspect of all the evidence they have against them before going to court. This is a fairly recently new directive (4 years old), which is problematic when the victim is endangered as police do not want to hand over all the information, including to interpreters, which creates a tension then between

protecting victim rights (by ensuring that interpreters understand what has happened so they can interpret as effectively as possible) and protecting suspect rights.

From the survey data it seems that existing training is repetitive, focussing primarily on terminology/ legislation, although these topics were noted by interpreters as being particularly important to know. As such a new lens is needed to provide more in-depth training across a range of issues that are particularly pertinent to support service providers and interpreters working together in GBV contexts e.g. in relation to cultural issues and emotional issues that are more than just general explanations of GBV.

The issue of cultural awareness, understanding of GBV related issues and the need for training for support service providers and interpreters was also mentioned by the deaf women interviewed, alongside their needs for specific on-going support, clear communication and information available in their own language, and recognition of the needs of women from diverse minority ethnic backgrounds. Interestingly, one of the issues highlighted from the perspective of deaf women concerns confidentiality and the fact that the deaf community is small and highly networked. As such, rather than assuming that deaf women would automatically prefer deaf-specific, language concordant (i.e. BSL) services, there may be times when they would prefer to access mainstream services via interpreters so that they can preserve some anonymity. It is also evident, however, that some deaf women felt better able to express themselves

when receiving support from a deaf-specific service. This highlights two things: the need to fund deaf-specific services and the need to train more interpreters for work in GBV settings in order to provide deaf women with the choice of which service to approach. This same principle applies to the provision of support services for women who are migrants, asylum seekers or refugees as they may also experience similar issues concerning small, networked communities and feelings of safety.



RECOMMENDATIONS

Based on the findings from the survey of support service providers and interpreters, and interviews with deaf women about their experiences in GBV settings, we make the following recommendations to translate the Findings into policy, practice and pedagogy, followed by suggestions for further research.

POLICY

- ☞ Submissions are needed to government, public service and charity consultations concerning legislation or strategies related to GBV against women who are migrants, asylum seekers, refugees or deaf signers to articulate the need for funding for specific services tailored to meet the needs of different linguistic and cultural minorities, particularly for deaf women where there is a particular dearth of direct service provision;
- ☞ Development of multilingual toolkits/best practice guidelines for support service providers and interpreters to work together to be shared with professional stakeholder organisations;
- ☞ Development of multilingual factsheets for police officers, social workers, healthcare professionals, and other GBV support service providers with tips on working with women who are migrants, asylum seekers, refugees or deaf signers;
- ☞ Development of multilingual factsheets for interpreters with key issues to consider when working with women who are migrants, asylum seekers, refugees or deaf signers who have experienced GBV.





PRACTICE

- 🌐 Development of multilingual resources for deaf and linguistic minority communities providing information in various languages about GBV, e.g., glossaries of GBV terms in

different languages, website information, information videos, all of which could also be used as resources by interpreters.

PEDAGOGY

- 🌐 Development of a training handbook for support service providers and interpreters including a range of information about working with women who are migrants, asylum seekers, refugees or deaf signers, <file:///C:/Users/HS/Downloads/strict-girl-showing-stop-sign.jpg> which can be made available as a free resource;
- 🌐 Delivery of educational workshops for deaf and linguistic minority communities in their own languages about how to recognise and report GBV and women's rights;
- 🌐 Delivery of masterclasses for support service providers, interpreters and women from linguistic minority communities together on best practices for working together, with

combined and tailored breakout sessions for each group.

- 🌐 Training of more women as Independent Domestic Violence Advisors (in the UK) or equivalent GBV support workers in other countries, who are deaf or themselves migrants, asylum seekers, refugees or deaf signers in order to be able to provide language concordant support;
- 🌐 Training of more deaf interpreters to work specifically with deaf women in GBV contexts.

FURTHER RESEARCH

As evidenced by the literature review, there has been a dearth of research on the experiences of women who are migrants, asylum seekers, refugees of deaf signers in reporting incidences of GBV and accessing GBV support services either directly or through interpreters. As noted by Mastrocinque, et al. (2020) there are still many gaps in understanding the prevalence of GBV particularly in deaf communities. This study has contributed new knowledge through eliciting perspectives from support service providers and interpreters, and a small number of deaf women.

There is a clear need for more direct co-designed participatory research with migrants, refugees, asylum seekers and deaf signers who are survivors of GBV with a focus on their lived experiences of interpreting in GBV contexts. There is also a need for further research on interpreter preparedness towards enhanced understanding of its impact on disclosures by victims and survivors of GBV. 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 interpreting experiences for all parties, are among the areas most urgently requiring further research.



*Full report is downloadable
from www.justisigns2.com*



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GENDER-BASED VIOLENCE IN THE EU
A Review of Service Provision for Victims



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