OFFICIAL REPORT
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Equalities, Human Rights and Civil Justice Committee

Tuesday 3 March 2026

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 3 March 2026

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EQUALITIES, HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE
7th Meeting 2026, Session 6

CONVENER

*Karen Adam (Banffshire and Buchan Coast) (SNP)

DEPUTY CONVENER

*Maggie Chapman (North East Scotland) (Green)

COMMITTEE MEMBERS

*Pam Gosal (West Scotland) (Con)
*Rhoda Grant (Highlands and Islands) (Lab)
*Paul McLennan (East Lothian) (SNP)
*Marie McNair (Clydebank and Milngavie) (SNP)
*Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Lucy Clark (LCC Scotland)
Dr Claire Houghton (University of Edinburgh)
Professor Jemina Napier (Heriot-Watt University)

CLERK TO THE COMMITTEE

Euan Donald

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equalities, Human Rights and Civil Justice Committee

Tuesday 3 March 2026

[The Convener opened the meeting at 09:30]

Decision on Taking Business in Private

The Convener (Karen Adam): Good morning and welcome to the seventh meeting in 2026, in session 6, of the Equalities, Human Rights and Civil Justice Committee. We have no apologies this morning. Pam Gosal and Rhoda Grant join us remotely.

Our first agenda item is a decision on taking in private agenda item 3, which is consideration of the evidence that we will hear this morning. Are members agreed to take that item in private?

Members *indicated agreement*.

"Sign LOUD: Perspectives of Deaf mothers and signing practitioners on domestic abuse, communication issues and the impact on Deaf families"

09:30

The Convener: Our second agenda item is a consideration of the findings of a joint research report on the perspectives of deaf mothers and signing practitioners on domestic abuse, communication issues and the impact on deaf families, by Professor Jemina Napier, Dr Claire Houghton, Lucy Clark and Tasnim Ahmed, which was published in December 2025. At this point, I make a declaration of interest, in that I wrote the foreword to the report. I am grateful to have been given that opportunity, and I put that on the record. The research report came to the attention of the committee during its inquiry in early 2025 into the British Sign Language (Scotland) Act 2015.

I refer members to papers 1 and 2, and I welcome to the meeting three authors of the report: Professor Jemina Napier from Heriot-Watt University, Dr Claire Houghton from the University of Edinburgh and Lucy Clark from LCC Scotland. You are all very welcome. Thank you so much for joining us. We have scheduled up to an hour and a half for the discussion. We have not scheduled any breaks, but please indicate to me or the clerk if a break would be helpful.

Before we move to questions, I invite you all to make an opening statement. We will start with Jemina.

Professor Jemina Napier (Heriot-Watt University): *(simultaneous interpretation from British Sign Language)* I will start in sign language, because of my respect for Lucy as the deaf author and for the deaf women who were involved in our study.

Thank you so much for the opportunity to come back after the inquiry. You have received the information about the report, so we will just pick out some highlights.

The Sign LOUD report involved in-depth interviews with deaf mothers—British Sign Language users—and practitioners who support deaf mothers who are victims/survivors of domestic abuse. We have worked with people who have experience in the so-called BSL world and the gender-based violence world. We have created recommendations from the evidence that we have collected so far, and we want to give you just a few highlights. I pass to Lucy Clark.

Lucy Clark (LCC Scotland): *(simultaneous interpretation from British Sign Language)* Our research focused on deaf parents. We found that their experience of emotional and physical abuse was compounded by the fact that they could not get access to support in BSL—which placed them at greater risk and danger. Lack of access impacts on the ability to recover or gain support.

We also found an observable difference between the experiences of hearing victims/survivors and deaf victims/survivors, because of the way that the lack of available access places them at greater risk and in greater vulnerability.

Professionals do not always understand the dynamics or cultural background. They are not able to make adjustments, respond appropriately or put in place appropriate support for those mothers.

Professor Napier: Just to continue on that thread, the deaf women told us that they were experiencing in effect a double trauma because they have a lack of access to information in BSL and a lack of opportunity to talk in BSL about their experiences of domestic abuse. The key finding of our report, therefore, which was also highlighted in the inquiry report, is that they need more access to information.

The delivering equally safe fund is already funding Deaf Links in Dundee to work in collaboration with several branches of women's aid. Lucy Clark has been doing work for them to develop some training and provide a deaf-specific advocacy service, but that has been considered

only as a pilot so far. It is a temporary provision that has been extended, but we do not know what the future of that work will be.

We want to emphasise that deaf women told us that they felt that they are doubly disadvantaged because it is hard enough for anyone to talk about domestic abuse, but when you are a deaf woman who cannot access specific services and information, and it does not feel as though you have access to support in British Sign Language, it emphasises the need for the kind of deaf-specific services that we are seeing in Dundee and Tayside and that have expertise in BSL and domestic abuse. Generic services often do not understand what deaf women need as BSL users, so we recommend that pilots such as those we have seen in Dundee be scaled up so that we can provide more consistent advice and advocacy for deaf women across Scotland.

We also need to improve the opportunities for people working in universal services to upskill and understand how to work with deaf women. If someone is in a rural area, for example, they are less likely to be able to access a deaf-specific service. If they need to access a local service, do the people who are working in that mainstream or universal service understand what the needs of deaf women are or, at least, how to get the support they need to provide support to deaf women?

Before handing over to Claire Houghton, I will make a final point about the lack of provision of BSL interpreters. The deaf mothers we interviewed all told us that they feel vulnerable in reporting because they are not sure whether interpreters will be booked and sometimes there are long waits for interpreters. That can heighten the trauma that they are already experiencing. It is hard enough to pluck up the courage to report in the first place, so sitting around and waiting for an interpreter can exacerbate their feelings of vulnerability. They acknowledged that there might be opportunities to use video interpreting in emergency situations, such as when they report the trauma initially, but any on-going support should be given through face-to-face interpreting. People should also have the opportunity to select interpreters that they are familiar with, because they are already feeling vulnerable, and they should be able to think about the gender of the interpreter who is sent to work with them.

All this is just a small part of the justice journey that deaf women experience. It is not just about their contact with the police—we know that Police Scotland is doing a lot of work in that space and we have worked collaboratively with Police Scotland on a lot of different projects—but we need to think about how the broader universal domestic abuse services provide on-going support to deaf women after they have come into contact with the police and reported any incidents.

I will hand over to Claire.

Dr Claire Houghton (University of Edinburgh): I just want to talk a little bit about what deaf women have told us about being mothers. They were particularly worried about the unique impact of domestic abuse on their children, which we felt was a hidden finding, and that was true of deaf children and children of deaf adults. Our research uncovered a heartbreaking dynamic in deaf households where hearing children of deaf mothers often hear the abuse coming but their mothers might not hear doors slamming, glasses smashing or threats being shouted. They live in auditory world of trauma that their mother cannot access.

Conversely, deaf children are hypersensitive to visual threats and body language. We heard that mainstream support workers did not have the training to communicate with the mothers or the children, or to understand specific sensory triggers. Furthermore, perpetrators of domestic abuse unfortunately use unique tactics to exploit that and to exploit their command of English if they are a hearing perpetrator, which means that deaf women feel invisible at key moments in their children's lives because of barriers to communication and bias.

Deaf women particularly fear the statutory response. We know that hearing victims/survivors also fear that response, but it was felt most acutely by deaf mothers, partly because of the fear of bias around whether they are seen as being good enough mothers already because of the stigma around being deaf. There is a history of abuse of the deaf community by statutory agencies in Scotland, and there is also the fear of child removal, which happened to one of the mothers and to others that we heard about from the workers.

We heard about deaf women and how strong they are, but we felt that the system is stripping away the agency by failing to provide communication support. That is acutely felt in relation to one of our main findings, which was that the child was being used as an interpreter or a child language broker. We feel that it is fundamentally unacceptable, as did the women involved, that hearing children are still being asked to interpret for their mothers. We heard that with regards to every agency, but particularly in terms of police call-outs, welfare checks or court welfare proceedings. People were coming to the home and speaking to the child and not the mother, as we heard when the mothers met the Deputy First Minister. One mother talked about how she was in the kitchen while the child was speaking to the

social worker in the living room. Women feel that they are not able to protect, support or care for their child. Furthermore, they are not even informed about what is going on, so the child is missing that support.

It also forces the child to vocalise the abuse that they are witnessing and experiencing in the family. It can reverse the parenting role. These women are very strong parents but it adds immense emotional strain on both mother and child. Mothers felt that they could not be a strong protector if they had to rely on a traumatised child to speak for them. Therefore, one of the recommendations, which we can talk to you about, is that we need a guarantee that professional interpreters must be standard for those families and the child should never be the voice of the family's crisis and trauma.

Lastly, in terms of mothers and children, we heard—and this resonates with your excellent work on the 2015 act—about the importance of BSL from an early age not only for deaf children but for CODAs. As a hearing person, I was not aware of the fact that some mothers and children could not actually communicate. Communicating about domestic abuse is really difficult anyway, as I know, having worked with children for 30 years. It is already really difficult for mothers and children to communicate about domestic abuse. Now imagine if a child is not eloquent in BSL.

We found that, where there is a shared language, it really strengthens mother-child bonds and centres a sense of safety and connection, so we need to improve in that area. There is a lack of deaf-specific resources in programmes on communicating with children. We have some really good pilots in Scotland for hearing mothers and children, as well as group work programmes and one-to-ones. We need to be able to supply that to deaf families and help them to improve their communication. I will hand over to Lucy to finish for us.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I really appreciate the Deputy First Minister mentioning how she was inspired by our recommendations at the round table in December, which I thank Karen Adam for hosting, but we need more action. We need national action so that all deaf women and their children can access specialist support. We also need funding for specialist workers who understand deaf culture and domestic abuse. We need to help mothers and children rebuild their lives together using a shared language.

The Convener: Thank you all very much. We will move on to questions. Jemina, you touched on this in your opening statement. Given the shortage of interpreters, what specific approaches would most effectively improve access to qualified BSL interpreters in domestic abuse and justice settings?

Professor Napier: That is an excellent question. It is a question that we have been battling with for some time in relation to access to public services in general. When we look at domestic abuse situations, it becomes even more specific, because of the extra vulnerabilities that people are experiencing.

People often talk about the need to increase the number of interpreters. In Scotland, there are only approximately 60 qualified interpreters throughout the country at the moment. The majority of them are based in the central belt, between Edinburgh, Glasgow and Perth—that area is just about covered. However, in those more regional, rural areas, and down in the Borders—the further north you go and the further south you go—there are hardly any interpreters available at all. Therefore, one of the priorities would be not only training more interpreters and increasing the number so we can meet the demand, but ensuring that interpreters are available throughout the country and are spread out geographically.

09:45

I know that Police Scotland has been looking at developing its own in-house video remote interpreting service, which we think would go a long way, at least initially, in supporting contact in domestic abuse cases specifically and in supporting any police contact. Some research done on that first point of contact by Robert Skinner, who is one of the interpreters in the room today, showed that offering video interpreting for the initial contact would help to reduce a lot of stress, trauma and feelings of vulnerability, because people would understand what is happening. As Claire Houghton said, not knowing what is happening can exacerbate feelings of trauma. If someone knows that an interpreter has been booked and is on the way, but then has to wait for them, initial contact through video can go a long way to alleviating stress or distress before the face-to-face interpreter comes along.

We must do more than increase the number of interpreters, because Scotland has a dearth of male interpreters. That is fine when they are working with men, for example in medical situations where we know we need to improve the service, but we must think about what is appropriate, which interpreter gets sent where and what sort of booking service is available, so that deaf women can express a preference about the kind of interpreter that they would like to have when they are experiencing a distressing situation such as domestic abuse.

The Convener: I realise that you might not have the information to hand, but is the lack of interpreters due to the density of the population being in the central belt or is to a lack of access to education?

Professor Napier: It is actually a bit of both. We know that more deaf people live in the central belt than in other parts of Scotland. Heriot-Watt University has a four-year undergraduate programme and BSL interpreter training also happens in Lanarkshire, which means that students who go through those programmes will typically stay in the area where they have been trained. Some relocate, and we have suggested in the past that incentives could be offered. They do that in Australia, where doctors who have been offered opportunities have to go and work in rural areas for a minimum of two to three years before they can relocate to cities. There could be an incentive scheme that provides funding to support interpreter training on the condition that those who receive that would have to go and live in a certain area to ensure that rural areas are covered in rotation.

The Convener: We move to questions from Maggie Chapman.

Maggie Chapman (North East Scotland) (Green): Good morning, and thank you for being with us today.

I will pick up on a couple of points. Professor Napier, you spoke in your opening remarks about the Deaf Links pilot in Dundee, and your report is clear in identifying the lack of deaf-specific services as a barrier to safety and support. What would a deaf-led domestic abuse service look like? Is the Deaf Links pilot it, or is it the start of what such a service should look like?

Professor Napier: That is a good question. I will begin before handing over to Lucy Clark, who has had a lot more involvement with that service.

The Deaf Links and Women's Aid pilot is definitely what such a service could look like, because it has brought in signing practitioners. They have three qualified independent domestic abuse advocates—IDAAs—all of whom can sign. The ideal next step would be to have qualified IDAAs who are themselves deaf, because the deaf mothers told us that they wanted to be able to talk to someone they can relate to, not only because they have experience of domestic abuse, but because they are deaf and can understand the barriers and general issues. Having someone who can sign is definitely the first step, but we would like to see more deaf people being trained and becoming qualified to work.

The model means that direct advocacy is being provided through people who understand deaf cultural norms and what deaf people need. They understand how information is expressed in British Sign Language, where the resources are lacking and where to find them, and they can even advise on something as simple as how to book interpreters. They can advocate for deaf women's rights when they come into contact with other services such as the police, healthcare or social work.

Lucy may be able to expand on that a little.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* What we have to bear in mind is that deaf mothers come from a variety of backgrounds—from grass-roots deaf families, from hearing families who do not have sign language, and from different religious backgrounds. It is the same as when, say, a French speaker meets another French speaker—they can relate to and understand each other. Deaf people's experience of public services or of receiving support from a hearing person who does not sign is that they often feel let down or misunderstood, and that past experience can taint their faith or trust in services. If they meet someone who sympathises with and understands their background, they have more faith and confidence in the system and in getting the support that they need.

That is especially the case with Deaf Links. People do not have to explain themselves or what they need as much, and they can get support from someone who can fill in the gaps or anticipate where the issues are likely to arise and proactively respond to them. That gives deaf women confidence.

Maggie Chapman: You have talked about a victim/survivor perhaps being reticent about trusting or relying on a service because of past experience, and about the value of having people who understand deaf culture as advocates. The question, I suppose, is how we ensure that there are enough people who have not only BSL skills and language capabilities but the sort of direct experience that Jemina Napier was talking about, of being victims/survivors themselves, or at least an awareness of that. After all, that sort of thing will be very variable in different parts of the country. In your view, how do we ensure that people do not get a lesser service just because they are remote? The Deaf Links pilot is great, but I can see that it might be quite difficult to replicate in very remote areas.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* It is all about increasing BSL resources. It would be beneficial if each service received deaf awareness training and some introduction to deaf culture, became more familiar with the deaf community and worked

collaboratively with deaf services in its area, so that it would be in some way prepared for or informed of the needs of deaf people.

Services just need to open their eyes, because the information is there and waiting for them. It is just a matter of taking that step forward and learning how to connect with the deaf community; in other words, it is all about taking a proactive approach. If no one is training them in how to work with deaf people, they will need to take that first step and reach out to organisations. There is Deaf Action, for example, and the Scottish Ethnic Minority Deaf Charity, which is based in Glasgow. There are services and organisations out there that are ready to offer their knowledge and support; it is just a matter of reaching out to them and working with them.

What I have noticed is that services learn a lot about different types of disabilities but forget that they also need to learn about deaf people's needs. I think that that could be used as the basis for tackling some of the systemic issues.

Maggie Chapman: Thank you. That was really helpful. As somebody who previously worked in the Rape Crisis network, I know that we never talked about BSL or deaf culture. It is therefore important that we take on board the point that you have made.

My next question is for Claire Houghton. Claire, you have talked about children acting as language brokers and about having the right interpreters in the right place. Is that all we need? I know that it is still a big ask, but is that the main thing that we need to ensure that children are never put in that position? After all, it is not fair, it distorts the parent-child relationship and it is traumatising—all of that.

Dr Houghton: It is an important part of this, but it is really just one part. Mothers said that they received very little help in supporting their children through domestic abuse and moving away from it or that, while the agency was working to tackle the perpetrator, they were focused on supporting their children and the communication. We know that, in a hearing family, the perpetrator can actively seek to separate the mother and child, to make sure that they cannot communicate about the abuse and that the child is silenced, so that they do not reach out for support alongside the mother. That dynamic is further complicated by who in the family can speak English and who uses BSL.

Deaf women said that, as mothers, they felt that it was difficult to access services for support. That is partly down to what Lucy Clark said about trusting agencies and women's fear that, if they disclose abuse, their child will be taken away, especially if the perpetrator is hearing, confident, eloquent and able to manipulate services. That often traps these women further in a double trauma of domestic abuse and not being able to access support.

Mothers and their practitioners also spoke about how programmes such as children experiencing domestic abuse recovery—CEDAR—and the Freedom Programme have started to pilot groups of deaf mothers and mixed groups of deaf and hearing mothers to support women to talk to their children about abuse. The children also need support to be able to talk about their experiences of domestic abuse. We have made great strides on that in Scotland, and it has been my lifetime's work to get specialist support for children, but there is very little specialist support, especially for deaf children and the children of deaf adults, that allows us to understand their experiences. We have a lot of work to do there.

We also saw that children were acting strongly in caring for and protecting their families, so we do not want to talk about them as if they are "poor wee victims", as one of the young people I worked with said. These are children with active agency who are doing their best in a difficult situation, so they need support as people.

Sometimes, mothers and children said that they felt that it was okay to have some language brokering, but not in a domestic abuse crisis situation, not in the justice system and not in contact with statutory services. We need to look at provision for deaf victims/survivors and the whole family while making sure that children are at the centre of that. There is a lot to do around mothers and children, but some of that is about the BSL capabilities of the children as well as of the rest of us.

Maggie Chapman: The committee will reflect on your point about what we can do about families, whether it is the mother or the child, not trusting somebody else enough to tell them because they are worried that the child might be taken away or that they might be thought to be a bad parent. We will have to tease out how we deal with that by providing the whole-family support that is required.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* We also have to think carefully about the next generations. We need to include BSL in education right from the start, so that everyone learns BSL. That would help the next generations from a language deprivation point of view. I am from a hearing family and my family does not sign, so it has been difficult for me to open up to my family, because they do not understand my deaf culture and my deaf relationships. I do not know what is right or wrong any more.

The issue affects deaf mothers, too. Where supervised contact arrangements are put in place by the court to allow fathers and children to meet,

court staff will monitor how the family members interact with one another. The father might continue to abuse the children and the mother might want to interfere, so emotional abuse might be part of that. Interpreters need to be provided for those situations, so that the mothers know what is going on and that they and the children can be protected.

10:00

The Convener: Thank you for that, Lucy. Some of the most disturbing evidence that you have presented relates to children being used as interpreters. When the police arrive on the scene, children as young as six or seven are having to communicate between their mother and the police and describe very traumatic incidents that have happened. We, as a committee, certainly need to reflect on that, because it is just outrageous that that is happening.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I could not agree more.

The Convener: We will now move on to questions from Paul McLennan.

Paul McLennan (East Lothian) (SNP): A lack of understanding of rights and consent is a risk factor for deaf women, and Lucy Clark has touched on the need for early education and awareness raising, both of which I think are really important. Adults need to have that knowledge and understanding of deaf women and children. Can you say a little bit more about what I think is a really important point that you have raised?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I am sorry—a little bit more about what?

Paul McLennan: A bit more about early education and awareness raising, particularly on the consent issue, because I think that that is really important.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I was surprised when I went to a workshop for the definiTAY project in Dundee, because all the women there were over 50 and were retired. They were the victims, and they had deaf children and CODAs.

I am sorry—I am getting a bit off track. Your question was about consent. The workshop that I offered was on the topic of consent, but none of the women knew what consent meant or could talk about what their rights were. They did not have that basic understanding; they did not have access to any information on women's rights, their rights to the home or their rights to possessions, like the car. They were talking about how, when they were younger, the technology that we have now was not around, and they were not aware of consent or the age at which you can have sex.

The women talked about the experiences and difficulties that they had had, and an issue that they were concerned about was how they could express themselves, given the visual way in which we communicate—sign language can sometimes seem very direct.

When I spoke to deaf women about their experiences of abuse and issues around consent, not all of them were able to talk with confidence about consent. What that says to me is that there were no systems in place to ensure that deaf women felt confident in knowing their rights and that nothing would be done without their consent first.

Paul McLennan: What is the best way to tackle that situation? Is it through schools and through early education for women? Is it through organisations such as Deaf Action? What is the best way of ensuring that that sort of thing does not happen in the future?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I come back to our earlier point about the need for more deaf IDAAs, more deaf trainers, and more deaf women leading these workshops and talking to other deaf women about their own rights, about consent and about general sexual health matters such as periods, hormones and so on. It is about understanding your rights over your own body.

You can access so much information just from listening to conversations on the radio—for example, news programmes that talk about women's rights, women's sexual health and so on—but we do not have access to all of that information that is in the mainstream.

Part of my job working at LCC Scotland is to address that gap by offering workshops to women to make sure that they understand their rights and making explicit to them what is available to most people in society, so that they understand who to ask and where to go for support. That helps them find confidence so that they can ensure that their rights are respected, such as the basic thing of getting access to an interpreter. Many deaf women think that it is their responsibility to book an interpreter, but they do not want that responsibility because it is an added burden. It is about making them aware that they do not have to take on that responsibility. That responsibility lies with public services.

It is about ensuring that there are people out there working with deaf women who have the right knowledge to ensure that they can support deaf women who are in those positions.

Paul McLennan: Professor Napier, do you want to come in on that?

Professor Napier: I just wanted to pick up your point about children. We need more Lucys for the social media and the workshops that she does with the deaf community.

On younger children and children at school, we are concerned that deaf children especially, but also children of deaf adults, are not accessing information about being equally safe at school. We have a lot of work going on in the equally safe gender-based violence arena on healthy relationships, safety and who to go to to ask for support. We need to make sure that the children get the domestic abuse and gender-based violence work, but also get the information in BSL, and get access to BSL.

We are not convinced that is happening yet, and we have asked the Government, "Are you sure that you are going to the places where deaf children are being educated? Are you sure that those without the English language can access BSL information?" We are not convinced that that his happening, which means that so those children are even less likely to be able to speak out and speak up. We know that when children do speak out, things can change quickly for their whole family.

We have a lot to do for all children on BSL, domestic abuse and being able to speak out about abuse. Early intervention is crucial.

Dr Houghton: I will reiterate what Professor Napier just said. One of the key things that the committee highlighted in its report on BSL was the language deprivation that happens. We need to go right back as early as possible because we know that if BSL provision is embedded in schools in early years for deaf children, but also in the support of families, some of the barriers that are experienced later in life will actually be prevented from arising because there will be a lot more access. That not only gives children BSL acquisition, information and education as early as possible, but it raises awareness in the wider community. If more people learn about BSL and there is better deaf awareness in the mainstream, many of those barriers will come down. The earlier that we can start, the better.

The Convener: I understand that things such as sexual health, women's hormones and sexual consent are often taboo to talk about, but coercive control is quite hard to describe in the hearing world as it is. We know that those discussions are often hard to have in the public space, so should we be more cognisant, particularly in public services, of the need to be more active in reaching out to deaf communities, and that materials have to be in BSL?

Dr Houghton: I undertook research with hearing women on the implementation of the Domestic Abuse (Scotland) Act 2018, and they said that it was really difficult for them to talk to agencies about the manipulation, the coercive control, the surveillance and all the things that are well defined in our act, and they did not realise that the act is also about children, which is a major step forward.

I think that many deaf victim/survivors do not know that that act exists—except for those who have been to the workshops. The 2018 act provides good motivation and inspiration, because it outlines psychological violence, but victim/survivors and the general public are not aware of all the provisions of the act, nor that it includes children. If the general public are not aware of that—those hearing women were from different educational backgrounds and used different services, and they felt there was not enough awareness—I do not think that deaf victim/survivors will be aware. The other step forward with the 2018 act is that enables people to talk about on-going abuse. The deaf victims/survivors in our study had experienced on-going abuse for years, and multiple forms of abuse, including as children, so we need to get the awareness of that act out to everybody, including children and deaf victims/survivors.

It is the most difficult thing to talk about. How do you talk about being manipulated, coerced and controlled? If that coercion and control is being done by somebody who is using the English language and is therefore seen as the good parent, bizarrely, by agencies, that accentuates the kind of control that those families experience. There is an opportunity to do more. Even the very visual domestic abuse Scotland advert could be useful. However, a few years on, we are not seeing enough public awareness so we need to revisit the 2018 act.

Professor Napier: To go back to the point about the taboo nature of many of these topics, Lucy Clark and I worked on a project before we did the Sign LOUD project with Claire Houghton, which was called the "Silent Harm" project. We brought together a team of people who had expertise in that area. There are some independent domestic violence advocates—IDVAs—in England who are deaf. We brought them together with interpreters who had worked in domestic abuse situations and deaf translators to create a glossary of signs in BSL for key terms such as coercive control, psychological abuse and trauma.

We have only scratched the surface, but we felt that it was a first step in trying to open up some of the discussion in the deaf community, by saying, "Here's some vocabulary to talk about it". It is how people who know this topic and have worked in

this area already talk about it, but we wanted to make it a bit more public, so we created the glossary and training materials, which Lucy has then gone on to use a lot more with the training that she has been doing with Deaf Links and other organisations. A lot of people will now reach out to her for training. We are trying to promote the idea that it is okay to talk about it and this is how to talk about it in a way that is understood. These signs were created by deaf people for deaf people, so they have come from the community. Part of the journey is about us developing the discourse and developing the language to talk about it in BSL.

The Convener: That is really interesting, Jemina, because if you do not have the language for it, how do you communicate it? That is a really pertinent point. Thank you for that.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* As Jemina Napier was mentioning, in the "Silent Harm" project, we gave a lot of examples through the use of videos as well. We know that some people do not feel comfortable watching those examples. I am not hearing, so I do not know how that must feel, but people were listening to video examples and they made those connections and had that recognition of how they felt.

However, with the video examples for deaf people, they were like, "Oh, I watched that example and I had that experience," but they did not know that the experience was labelled as domestic abuse, for example. We had to share our experiences. All those examples had to be shared with the community and deaf women would then go, "Oh, I've experienced that." We could then recognise and decipher all the stories of all these people and recognise what people were talking about and we talked about those topics.

Yes, deaf women are vulnerable, but when we talk about these topics, they are very open, they have demands and they are craving that kind of information. Once you start the conversation, it will continue to flow. They do not know how to share this with their hearing families. I am very lucky because I am very forceful. I speak out and I make sure that deaf women are looking at their rights and, as I am deaf myself, I can give visual examples. That is what I did in the "Silent Harm" film as well. We need more of that kind of visual information so that we can get those examples being spoken about in the community.

The Convener: That is great, thank you so much, Lucy.

10:15

Pam Gosal (West Scotland) (Con): Good morning, and thank you for the information that you have provided so far. In your report, you recommend the establishment of an equally safe BSL advisory group and describe that as "critical". Will you explain why it is critical? Is it necessary for that group to be established for the other recommendations to be taken forward?

Dr Houghton: The equally safe gender-based violence plans are due for a refresh this year, and that will happen after the election, all being well. We feel that deaf victims/survivors and deaf agencies have not been involved in the development of the equally safe strategy over many years, and it is time that they had a voice. There have been steps forward in relation to black and minority ethnic women and women with learning disabilities, but there has been less involvement of deaf victims/survivors and children—deaf children and CODAs, but also children more generally. We therefore think that the establishment of the group that we recommend is a pragmatic step.

We had a stakeholder workshop that included the Government, deaf organisations and gender-based violence organisations, which brought together a lot of skills and a real sense of allies seeking to improving the services. We felt that it would make a real difference if that set of people were part of the governance of Scotland's main plan on gender-based violence. We feel that deaf victims/survivors and their children should be part of what we would call action projects or action research projects to develop the services that we talk about in the report.

The establishment of the deaf-led survivor services, along with the more geographic leads that cover BSL signing services, was a critical step, but we believe that an advisory group would be a step forward. That is the most obvious governance-type framework, although we have also been talking to the BSL leads in the Scottish Government and we are waiting to hear about going to the national plan meetings about the services. We have not heard from them as yet. We are also open to other suggestions to get this moving.

Professor Napier: One key reason behind the recommendation is that it is important to bring the experts together in the room. That is where we have seen gaps. Deaf women say, "If I go to a domestic abuse service, they do not have the BSL expertise. If I go to a BSL service, they do not have the domestic abuse expertise." Before Deaf Links was funded for its specific project, it had a lot of experience of working with the deaf community, but it had not been funded to work specifically on domestic abuse.

There are gaps there. We are certain that bringing together the experts, whether in an advisory group or some other capacity, so that

they actually work together will mean that we get more traction and see outcomes that will benefit deaf women and families in this space.

Pam Gosal: Statistics that were released last week show that sexual crimes—rape and attempted rape—as well as domestic abuse have been on the rise. At the same time, Women's Aid and Rape Crisis centres across the country have reached breaking point due to an influx of cases coupled with inadequate funding from the Scottish Government. As you have said today, and as the committee has heard in previous evidence sessions, deaf women face barriers that hearing women do not necessarily face. Do you believe that the Scottish Government is failing deaf women?

Professor Napier, I would like you to answer that question first, because you said earlier that all services should be upskilled and they should all be providing these expert services. It is obviously worrying that the services are under so much pressure and do not have adequate funding.

Professor Napier: I understand that resources are stretched and that it is not possible to provide 100 per cent of the services to everybody 100 per cent of the time, so priorities have to be set. The point that I made earlier was about upskilling mainstream or universal services so that they understand where to refer people to.

Given that the deaf population is concentrated around the central belt, although we are concerned about women who live in rural areas, for example, we know that it would not be feasible to have deaf-specific services in every region throughout Scotland. However, if several deaf-specific services were established in key areas, especially where there are increased populations of deaf people, and there was training, resources and awareness raising within mainstream services so that they understand what to do when a deaf woman first presents and how to have at least some initial interaction with her or where to signpost her, they might not have the expertise themselves but they would know where to go to get it.

From what deaf mothers and other deaf women have told us in our previous projects, they go to their local domestic abuse service and it has no clue what to do. The services do not even know that these women are entitled to book interpreters, where to get the interpreters, who pays for them and how to support the deaf women. If we are going to be realistic, we are failing deaf women in lots of ways, but tangible solutions could be put in place that would support the community throughout Scotland.

If we are clever, networking the different services that are available and having specialist expert provision available that those mainstream services could draw on or partner with would make sure that deaf women and their families get the support that they need. It goes back to Claire Houghton's earlier point about providing holistic care across all services for all people who are experiencing domestic abuse.

We have not covered this in our project, but we are aware that there is also a lack of research into and understanding of the needs of deaf perpetrators. They probably experience similar issues. Do they even understand what consent means? I am not excusing the behaviours by any means, but we need to make sure that there are also support mechanisms for deaf men as perpetrators so that they understand what is not appropriate and that we are looking at the whole picture.

Dr Houghton: I agree with that. I presume that access for deaf perpetrators to our perpetrator programmes is limited. I have not heard of deaf perpetrators being on those education programmes.

To go back to Pam Gosal's original point, the Government is letting down deaf victims/survivors with its funding but, as Maggie Chapman said, there is also an issue with sustainable funding for our domestic abuse specialist services. Women's Aid and Rape Crisis have been the key gender-based violence services, but coming back to the criminal justice system, we also have the Advocacy Support Safety Information Services Together—ASSIST—service, which provides Scotland's IDAAs, or independent domestic abuse advocates. ASSIST covers half of Scotland, mainly in the west and Dundee, but there are no IDAAs in most areas of Scotland.

Furthermore, I was concerned to hear that ASSIST is limiting the victims/survivors who are eligible for its service because of the recent increase in demand. It will now support only those whom the police deem to be at a high or significant risk. That is a concerning turn of events, because we know that every woman who goes to the police will have been experiencing abuse for a long time, so every woman and any child involved should be able to access IDAAs and domestic abuse support services immediately, and that is not happening just now. It also means that deaf victims/survivors will face increased barriers.

Lucy Clark and Jemina Napier gave evidence to the independent review of funding and commissioning of violence against women and girls services, which recommended sustainable funding for all those services over time. If they do not get sustainable funding, they cannot develop to meet the needs of so-called minoritised groups. They cannot develop because they are going from

one funding crisis to another and demand is so high that we cannot expect them to innovate for deaf victims/survivors, children and other minority groups.

The review also recommended having by and for services. We need to establish what that means for deaf-led services in Scotland as well as the more peripatetic BSL signing support. However, we are not in that context at the moment, because it would be difficult for those services to get round the table. I agree with your premise.

Pam Gosal: I have a couple more questions. What do you consider to be the most pressing gaps that must be addressed in the data to properly understand the domestic abuse that is experienced by deaf women, particularly given that you have previously said that they are often grouped in wider disability categories? I open that up to anyone to respond.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* There are different perspectives on and approaches to how deaf people can be labelled or classified. Some people define themselves as belonging to a linguistic minority community and some define themselves as belonging to a disability community or as deaf-disabled. I identify as a BSL user and I see myself as someone who happened to be born not being able to hear and who is from a different linguistic community. Often, there are misconceptions about deafness—it is thought that deaf people have learning difficulties and so on, or that BSL is not a fully fledged language. People need to be more tolerant, patient and not too quick to label someone in a particular category. Rather, they should take a bit of time to understand how the individual would define themselves.

On recording or collecting data, it would be nice to be able to be identified in more than one category, which would help us to understand where resources are needed or where there is a demand for different types of resources in certain areas.

Professor Napier: As Lucy Clark said, deaf people are often lumped together in disability statistics. One critical thing for us would be to be able to identify who deaf BSL users are. We know that many people in Scotland would identify as having hearing loss but do not necessarily use BSL. They might tick a box to say that they are disabled in a census or any other kind of data collection exercise, but deaf people who use BSL would see their needs very differently and would want to be able to access services and support. As Lucy Clark said, they may identify as part of a linguistic and cultural minority. Their access and support needs will be quite different from those of the wider population of people who might have hearing loss but do not identify with the deaf community. At the moment, we do not have access to the data.

We know that not enough information is collected statistically about who experiences domestic abuse. I know that Pam Gosal has done some work on trying to establish whether we know how many people from different ethnic minorities experience domestic abuse as opposed to white Scottish people, as well as how many disabled people, people with learning disabilities and so on, experience that. The numbers are very generic at the moment and it is difficult to pinpoint. We often cite that deaf women are two to three times more likely to experience abuse than hearing women. We know that from research that was done in America, but we do not have any equivalent statistics that we can cite, either for Scotland or the United Kingdom.

Pam Gosal: You are absolutely right that there is a big gap in the data. That was one aspect that we looked at when I was working on my Prevention of Domestic Abuse (Scotland) Bill. Right now, when anyone goes to a police station or to the police to report domestic abuse, whether they have a disability or not would not be recorded. That question is not being asked and the information is not being recorded, so the police cannot produce the data. I will carry on pursuing that, because it is a big gap. If we do not know whether people who are coming through the door to report domestic abuse have a disability, how can we provide services and how do we know what their needs are? I absolutely agree with Professor Napier on that.

You have already answered some of what will be my last question, but I would just like to give you an understanding of other evidence that the committee has taken on neurodivergence and barriers that are faced by people with learning difficulties. Like deaf women, women with learning disabilities are more likely to have experienced domestic abuse. However, they are two distinct categories, so I wonder whether you can elaborate on how the needs of deaf women differ from those of other disabled women. You have touched on that already, but I just want you to understand that we have taken evidence on learning disabilities, and it would be good to find out what the differences are.

10:30

Lucy Clark: *(simultaneous interpretation from British Sign Language)* My initial reaction as a deaf person is that the main difference is that a hearing person with learning difficulties, however they are diagnosed or defined, can speak directly to the service. Because they have a shared language, they can get the attention and support that they

need. It is a hearing-centric space so, as a deaf person, I am not given the opportunity to be heard, to express myself or to communicate directly with you. The main difference is that they can speak.

Professor Napier: To add to Lucy Clark's point, which is a very good one, I would say that there will, of course, be lots of parallels in the kinds of barriers experienced in accessing support services and in people understanding the specific needs. However, the critical thing for deaf BSL users is that, as Lucy is trying to stress, they are BSL users.

That brings me back to the earlier point about language deprivation and the fact that many members of the deaf community do not have high-level English literacy skills. You cannot assume that someone who is a competent BSL user will be a competent English user. A lot of the available resources and information are in English; sometimes they are created in plain English or are presented in a way that might meet the needs of people who are neurodivergent or have learning disabilities but does not meet the needs of deaf people, because it is not available in BSL. The work that we have done has actually led us to create some resources ourselves, because we found that there was virtually nothing out there at all in BSL.

Pam Gosal: Thank you very much for that response.

The Convener: I am cognisant of the fact that we are now an hour into this evidence session, and we still have half an hour to go, so I just want to check whether we are okay or whether anyone needs a comfort break. Do we need to suspend briefly for a few minutes, or are we all good?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* We are fine.

The Convener: That is great. Thank you. We will move on to questions from Marie McNair.

Marie McNair (Clydebank and Milngavie) (SNP): Good morning. Lucy, you said earlier that we need action now. Do you feel that there has not been enough action from the Scottish Government on your recommendations? I would be really interested to hear what response you have had back from the Government.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Should we let Claire Houghton start? If we let her start, I will have time to formulate my answer. There are quite a few things that I would like to say, but I just need a moment to think how to frame them.

Dr Houghton: The Scottish Government's violence against women and girls team from its equality unit came to the stakeholder workshop, and the Deputy First Minister, along with Karen Adam's support office, met us and deaf victims/survivors. The Government has heard our recommendations and has received the report, and we have been invited to the equally safe joint strategic board on Thursday to go through the key considerations, which sounds hopeful. Moreover, some delivering equally safe funding has been diverted towards Deaf Action, and Lucy Clark has been working with that organisation on providing information resources to deaf victims/survivors.

Things are moving, although perhaps a little too slowly for us—I guess that Lucy Clark will follow up on that—and there are still real gaps that need to be addressed. For example, we need more specialist support workers, including independent domestic abuse advisors who use BSL, and we especially need deaf women to be trained in this area. Indeed, we need a whole different system, because, to become a qualified IDAA, one has to be working in a service already in order to do the learning. We do not have a deaf-specific service, so we need to be really creative and start thinking about how we not only create a service but improve the services around us.

We are aware that it is not all immediately possible, but we need to start galvanising in order to take concrete steps, using the energy that was in the room with us at the workshop. It is already coming up to a year since that took place.

Our funding for the project has now stopped, but obviously we will keep pushing doors. We need to be able to fund the stakeholders to get together, which costs. We need funding for Lucy Clark's time, and others', such as Tasnim Ahmed, who cannot be with us today. We need to get the experts in the room, and doing so costs, so we are struggling to take action. Short, small steps have been taken—some of the allies are getting together, and Police Scotland is working with Jemina Napier and Lucy Clark—but we cannot wait.

I spoke to members of the violence against women and girls: strategic review of funding and commissioning of services group, which is monitoring the lack of progress on the review, including for deaf victims/survivors. One of the members said that the deaf victims/survivors issue was raised years ago, but we did not know about that. We cannot let it drop off the agenda again, so we are appealing to keep it on the Parliament's agenda as well as the Government's.

The Convener: Would Lucy like to come in at this point?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I would like to see more workshops for people who are working specifically with deaf victims/survivors of domestic abuse in

social services and domestic abuse services, for nurses in hospitals and in psychology wards.

We need to ensure that those people get an introduction so that they know what to do if a deaf person knocks on their door. They need to know how they can approach them. We also need to monitor the situation to ensure that service providers are not afraid of deaf people.

We need more deaf awareness and BSL awareness in mainstream services. A lot of deaf mothers have told us that they are fed up being asked if they can lipread or if their family can help them. They feel that they are treated like children; they need to be treated with respect. We need more workshops all over Scotland to address that.

Once workshops of that kind are established, people will know who to contact and they will be more confident about which deaf-specific services they can reach out to. Service providers will also know how to book interpreters, because that is their responsibility—not the deaf person's.

It is all about being accountable and taking the time to think through how to support deaf women.

Dr Houghton: We called for a national hub of training materials for training the trainers, because there are pockets of good practice across the country, which are mainly led by the two women sitting on my right.

Everyone is struggling with resources, so it would help if we can we share what we know and some of the resources that we have. Obviously, the work has to be part of training programmes. Universities have a responsibility for training people such as social workers and those in Police Scotland, and they are considering that. My two colleagues have trained Scottish Women's Aid recently as well.

Marie McNair: We will take your concerns back to the Scottish Government.

The Convener: We will now move on to questions from Rhoda Grant, who joins us online.

Rhoda Grant (Highlands and Islands) (Lab): The study involved semi-structured BSL interviews with six deaf mothers and a focus group with five signing practitioners. How did you ensure that the approach captured the diversity of experiences in the deaf community, and were there any limitations on interpreting the findings?

Professor Napier: That is a good question, Rhoda. Thank you for that. When we are doing this kind of qualitative research, we are always cognisant of the fact that we have quite small samples of interviewees, but we are able to go deep. We talk to people and get insights into their life stories and lived experiences.

Lucy Clark might be able to talk a bit about this in a moment, but we made sure that we reached out through our networks by working with Tasnim Ahmed, who is unfortunately not here today. She is an Asian woman who has experienced domestic abuse—she is a victim/survivor. We reached out through Lucy and Tasnim's networks and my networks in the deaf community, across different services and service providers, because we wanted to make sure that we had representation from different backgrounds across different parts of Scotland. We included people who identify as white or who have different minority ethnic backgrounds as well as those who might have had different experiences of growing up using BSL as their first language, or not, or of having deaf or hearing family members at home. We tried to capture a range of experiences. In the end, only six deaf women were involved, but we are confident that we managed to capture a range because they came from different parts of Scotland and had different backgrounds as well as different experiences to report.

Because there are so few signing practitioners throughout the UK, we spoke to some from England. As I said earlier, there are only three qualified IDAAs in Scotland who can sign. In England, there are five or six, most of whom are deaf themselves, but we were only able to include one deaf qualified practitioner. We went to all the qualified practitioners that we could find and that led to one of our recommendations that we need a lot more of that expertise.

It could be argued that there are limitations in the research because of the number of people who were involved, but we could see that the stories from the deaf women and the practitioners resonated with one another and they all pointed to the same challenges and barriers. Although we had some diversity in the group and the numbers were small, the women shared very powerful stories with us.

Dr Houghton: It was a real privilege to hear those stories. The in-depth interviews were down to Lucy Clark's skill in interviewing. We heard from the deaf mothers, but I also want to note the stakeholder workshop. It included a mix of those who work in the deaf field and those who work in the gender-based violence field. We sense checked our findings with them and asked whether they resonated and whether anything was missing. We have a page of key considerations and another couple of pages that we want that advisory group to take forward.

It was a good day because as well as sense checking the findings and whether they resonated, we also made sure that we looked at different solutions. The only limitation that we and the women felt there was was that we did not involve

children in the study. We would have liked to have explored the perspective of deaf children and CODAs, but we did not have the funds for that.

Yes, we would have liked there to have been more women involved, but we would have liked to work in a longer timeframe, even with a small number of women, to develop some of the recommendations and talk about those women's vision for our service. That would have answered some of the questions that we have heard today, such as what a deaf-specific service would look like ideally and how we can reach women and children across Scotland. We were all aware of the limitations of the exercise, but we made real efforts on diversity.

I was shocked at how few deaf and BSL-specialist workers there are in the whole UK, I must say. Even if all of them were involved, it would only have been 10.

Rhoda Grant: How do we use the learning to better provide services for people? You reached out and provided interpreters. I guess that you did everything that you possibly could to encourage people to take part, and that points to some of the barriers to people getting help. You were reaching out, pulling them in and providing things for them, but there are still huge barriers out there.

10:45

What I am asking is, how do we take your report and make the changes that break down some of those barriers? If people are suffering from domestic abuse, they desperately need support.

Dr Houghton: We thought long and hard and took a careful approach to supporting women to take part, and I think that we can learn from that. We all have gender-based violence experience, and three members had deaf culture experience and were BSL users. We had knowledge and insights about domestic abuse, but we were still asking women to talk to a stranger for research purposes. They wanted to take part mainly to improve things for deaf victims/survivors; however, it was still a big ask. We would prefer deaf victims/survivors to be offered support first and foremost, and for them to benefit from long-term and on-going support.

That collaborative approach is a point of learning. We learned about that approach from Lucy Clark, but also from our work with victims/survivors about ethical ways of conducting research. We had a framework for that, which we built with young survivors. We need to expand that collaborative offering for services. It has started, between women's aid organisations and Deaf Links, but we need to improve on that nationally. We need to offer much more than one-off, short-term crisis support. It will probably take even longer to build up those trusted relationships with women and children who are deaf, because we already know that that is a big issue for all victims/survivors, and perpetrators do their damnedest to make sure that they do not access that help.

I am hopeful. This is my first time in collaboration and, in the work so far, we feel the exclusion. As Maggie Chapman has, I have been involved in women's aid and other organisations before being a researcher. We certainly did not do anywhere near enough. If we can all acknowledge that and put the human rights of women and children at the centre, we could really improve.

I agree that there are obstacles, but it was not that difficult. We had only a short time, and everybody rallied round. We had a very short time and very little money. We could have had a much larger project.

I was impressed at the allies that we made, but those people—the Scottish Government officials dealing with BSL and equally safe, the national deaf and gender-based violence organisations, and the local ones—had not been in the same room. Saving that one exception, they had not been around the same table.

Professor Napier: I will emphasise one clear thing that we have learned, which is that we are in it for the long game. In the sign language interpreting studies and deaf studies world over the past few years, we have often used the analogy of the illusion of inclusion: people often assume that funding interpretation services and putting interpretation in place means that access, equity and participation are achieved. More and more, now, we realise that that is not necessarily the case.

It would be easy to say, "Well, we can fund more training of interpreters," but that will not alleviate all of the barriers, which is why our recommendations are wide ranging. Lots of different aspects need to be covered and we recognise that there is no quick fix; this is a longer-term game in which we need to plan and be very strategic about what needs to come first, then what things are put in place next. That will lead to better outcomes for everybody in the long run.

Tess White (North East Scotland) (Con): Professor Napier, you said that we are failing deaf women in many ways. Dr Houghton, you spoke about the power imbalance between women and the male perpetrators of domestic abuse. We have been looking at legal aid reform. One proposal that came from the Scottish Government a couple of weeks ago was to train 40 legal aid solicitors in BSL, which would mean kicking the can down the road to the next parliamentary session. What are

your thoughts? Would it be a start if at least one of those solicitors was trained in BSL?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I think that that would be useful and beneficial. It is nice to have someone who can sign and that would be better than nothing, as long as they have the ability to sign. If they do not have fluency, that just makes the experience stressful for the deaf person.

We should take an inclusive approach. The whole point is to increase diversity and inclusion, which should include language. If you are promoting these legal services to the public, it would be good to have a set number of people who are fluent in BSL and to let deaf people know that they are available if they need them. I am confident that, once deaf people found out about those legal experts, it would not take long before the entire deaf community learned about them. The main thing is that they must have high-level fluency and competence in BSL because, once they have that, you will quickly gain the trust and confidence of deaf people.

Professor Napier: I agree with Lucy. People in the deaf community will often ask each other if they know someone, whether that is a solicitor or a plumber, who can sign, because that always helps to develop trust and create direct communication.

I have one slight caveat. If you brought in a hearing person who was trained as a legal aid solicitor and tried to give them BSL as well, their BSL fluency would not be enough for them to communicate directly and they would still need to work with interpreters.

We need to think more creatively. I think I said during the inquiry that we should be training more deaf people to work in professional roles. We quite often think of bringing in a hearing expert and giving them some BSL, but why not come at it from the other perspective by bringing in a deaf expert and giving them legal or medical training? They would already identify culturally and have fluency, connection and trust and they could then be equipped with expertise in the legal domain or any other. I would like to see more opportunities for deaf people to train in those areas.

Tess White: That creation of role models is something that the Scottish Government could take up with the Law Society as part of legal aid reform.

I am delighted that the Deputy First Minister has taken an interest in BSL since our inquiry and since we had a debate and questions in the Parliament, but there is a huge disparity between spending on Gaelic and on BSL. We have figures saying that 2.5 per cent of the population speak Gaelic and that 2.2 per cent speak—can sign language through BSL.

We are hearing today that, if you think about domestic abuse—

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I am sorry to interrupt, but it is a spoken language. I often feel that, because you cannot communicate with us directly in a signed language, there is little focus on or interest in sign language in comparison with spoken language, which seems to be given direct importance. There is a hearing-centric way of thinking that assumes spoken language is superior. Just because we cannot speak, our language is seen as inferior, which does not feel fair from my perspective.

I will let you finish your question.

Tess White: Thank you. The figures are 2.2 per cent versus 2.5 per cent, yet £30 million-plus a year is spent on Gaelic. You talk about scrabbling around for money for workshops and training a couple of people and it being great that we have Lucy. You are scrabbling around for, let us say, a few thousand pounds as opposed to the £30 million-plus a year that is spent on Gaelic. Do you have in mind a figure that you would like to start off with?

Professor Napier: I would say £60 million. [*Laughter.*] That is a good point. One of the key differences between Gaelic speakers and BSL users is that BSL users have to use BSL in their everyday lives—they cannot function without it—whereas we know that there are fewer and fewer people who speak only Gaelic. The majority of Gaelic speakers are bilingual in English and Gaelic. Even if a deaf person is bilingual in BSL and English, a lot of information in English is not accessible to them because they cannot hear it so, to function daily, they need BSL.

The 2015 act has been in place for 10 years—that is what the committee's inquiry was about—and we do not have dedicated funding apart from a small pot of money that was, I think, put in place when the act was first implemented. It was distributed through different organisations and managed through the British Deaf Association and the organisation that was then called Deaf Scotland. However, it was a pittance compared to the amount that has been put in place for Gaelic.

There is BBC Alba, the Gaelic television station. Gaelic speakers also have other specific services such as Gaelic-medium schools. If equivalent funding was put in place for BSL-medium schools in particular and for opportunities for deaf people to train to work in professional services, it would mean that less money would be needed for

interpreting services because deaf people would go directly to deaf services.

There should be at least the equivalent amount of funding as for Gaelic, if not more.

Tess White: The Scottish Government and the committee are considering legal aid reform. That might be a good opportunity to say—as you suggested, Professor Napier—that we should train somebody who is deaf as a solicitor and start the ball rolling.

Are there any role models? Are there countries that lead the way on the matter? Often, we hear about Denmark. Professor Napier gave us an example earlier. From data, we know that, in America, deaf women are two or three times more likely to experience domestic abuse. If you look around the world, what country would you point to or are we just feeling our way forward in Scotland with no role models?

Dr Houghton: We presented work at a European conference. We did not do an international literature review for that piece of work—we thought that we would centre it with deaf victims/survivors—so that is an obvious next step to look for any best practice. That presentation was seen as a new contribution to the domestic abuse field.

In my work, there is very little information, including international reviews. There is some connection with research that has been done with people whose language is minority in their country. That is the closest connection to this work that we have seen. We are not saying that we are the only ones—we have not done a review—but, at the prime conference in the field, no one else was talking about deaf victims/survivors in particular and there are few articles that we can see.

Hopefully, we are breaking ground with little money. As you said, it is a £10,000 project. Even a proportion of the £60 million that Professor Napier suggested could change the world for BSL, but a small amount of that could make a huge difference for domestic abuse work in Scotland. It could be used for the national hub, training people, continuing professional development and training deaf professionals.

It is not difficult to provide a deaf service, at least in a couple of key places and with peripatetic support across Scotland. It would not cost multimillions but it would make a massive inroad into supporting deaf victims/survivors. Some of the things that Lucy does in her consultancy, on very little money, are changing women's lives.

11:00

Tess White: When it comes to legal aid reform and access to justice, there is national provision through the citizens advice bureaux, although I recognise that they are struggling for funding. At the moment, a woman who is fleeing domestic abuse cannot get legal aid, because she might be suffering financial abuse as well as coercive control. If you had more funding, rather than just a pittance, would it be possible for you to ask Citizens Advice Scotland to get some CAB advisers trained up? You could also work with the Law Society. Professor Napier, you are nodding your head.

Professor Napier: One of our earlier projects was the Justisigns 2 project, in which we started to explore domestic abuse. That was when Lucy and I started working together. We had a meeting with the Scottish Legal Aid Board about access to justice for deaf people across the board. At that point, we were not able to follow that up, because people had different priorities and different funding arrangements, and they were overstretched.

Training people up to provide direct service support, whenever that is possible, will always make a difference, and it also avoids us having to rely on interpreters. An area where we fall down a bit is that people often assume that, because interpreters have been brought in, everything will be fine. However, although interpreters can mediate conversations such as the one that we are having today, as I said earlier, the provision of interpreters is often a just a sticking plaster that covers up issues such as understanding consent, understanding financial rights and so on. We need more experts who have the deaf BSL expertise to work directly in public services such as citizens advice bureaux, legal aid services and domestic abuse services.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* There is one minor issue that I would like to raise to do with citizens advice bureaux and legal aid, which is based on personal experience. When a deaf woman who is going through a traumatic situation involving financial abuse contacts a CAB for support, people in the CAB do not seem to understand how to book an interpreter, with the result that access to support is delayed. That amazes me, because citizens advice bureaux know how to support people, so I would have assumed that they would know how to support someone who is deaf. How come they do not?

The reported experience shows that citizens advice bureaux have been quite weak when it comes to supporting deaf women. A deaf employee working in a CAB can make a big difference, because they are able to provide direct support and engagement.

Dr Houghton: I am really glad that you brought up solicitors. Related to that is the availability of advocacy workers for women and children. We still do not have children's advocacy workers in the family law system. The availability of such advocacy workers would make a huge difference to the ability of women and children to have access to legal aid.

There is a review under way of domestic abuse and civil protection orders. The criminal law research has looked at what happens to victims/survivors once the non-harassment order has stopped. How could they access justice? The abuse would continue. How could they access a protection order so that they would continue to feel safe? Many victims/survivors said that they could not afford it, because they fell into the gap that the committee has identified with regard to the ability to access legal aid.

There is also the question of the competence of solicitors. The idea of having deaf solicitors who are trained in domestic abuse and women's and children's rights is a really progressive one. Women and children have talked about the planets colliding when it comes to criminal and civil law, child protection and children's hearings. Mention has been made of children being given screens so that they can give evidence in criminal law and then having overnight contact with perpetrators of abuse.

We have not had time to talk about it, but contact with abusers was a huge issue for deaf mothers: the fact that contact was not being awarded safely, that children were brokering contact arrangements and that there was further abuse of women and children in contact. Bringing those planets together and making sure that there is deaf advocacy is really important, so thanks for raising the issue.

The Convener: Before we move on, I will pick up on a point that Tess White made. The committee highlighted in our post-legislative scrutiny of the British Sign Language (Scotland) Act 2015 that there should be parity with Gaelic. I am paying attention to what you have said about that. If there was parity of investment in deaf and BSL services, would that support a lot of what you have said today and what is contained in your report?

Lucy is signing, "Yes, no question."

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I think that Gaelic speakers have a choice. They can speak Gaelic or English. However, deaf people do not have a choice. Because of language deprivation and the identification and learning of BSL, there have been so many challenges. There is no choice, so there needs to be way more support for BSL users.

The Convener: I was also thinking about the preventative work that you have spoken about and that early-years intervention. That would be covered as well.

Another side—which you touched on, Jemina—is the education of perpetrators. In what you have said today, I hear trauma for deaf mothers and their children, pressure on courts and access to legal aid and solicitors. All that is because of male perpetrator behaviour. That is why we are doing this. There is service pressure and the need for domestic abuse advisers for deaf women. Have you been able to share your report with the people who do some of the work on challenging misogyny and male perpetrator behaviour?

Dr Houghton: I think that there is a chance with the equally safe board. We could do more to talk to those who are leading on the Caledonian programme, but we have been engaging with those who are involved in the work on equally safe at schools and on challenging misogyny and gender equality. We see the equally safe board as a way to bring all that work together. It would make a huge difference if we could get education from a very early age, as well as communication rights.

There is a lot more work to do in prevention. If some of the committee's recommendations were taken forward with the general and deaf populations, the experience of women and children in domestic abuse would, without doubt, be improved and, I hope, the education of boys and young men would improve, and we would see a shift in terms of healthy relationships. New to me were the opportunities through deaf community workshops for all those in the deaf community—which has to include boys and men.

Professor Napier: We have a strong relationship with SignHealth, which is a deaf health charity that is based in England and has, so far, been funded only to work in England. It has a domestic-abuse-specific service for deaf women, offered by deaf women, but it has also started a deaf male perpetrator programme. There are two arms to that: first, general awareness raising in the deaf community, for both men and women; secondly, supporting deaf male perpetrators who have been charged or convicted. We have shared our findings with SignHealth, and it is keen to support any on-going work that we do. Even though it is based in England, it is keen on UK-wide consistency.

One other thing to mention is that I recently managed to get some funding—again, a very small pot of just £9,000—to bring together researchers, including Dr Houghton, who have expertise on domestic abuse, working with service providers, perpetrators, people with learning disabilities and people from different racial and ethnic minority

backgrounds, to try to identify where the parallels and gaps are in our research. I am conscious that we have been doing research with deaf women because that was an area that we identified as critical and decided to prioritise initially, because we know that most domestic abuse happens towards women by men. We have done several projects. However, I am also very aware that there are lots of gaps in our understanding of domestic abuse support and provision for deaf communities generally. By liaising with other researchers who have expertise in working with different marginalised groups and service providers, I hope that we will be able to come up with a road map for what research is needed, identifying where the gaps are for us in the deaf community and what the priorities are for future research to cover all those different stakeholder groups.

The Convener: That is really interesting, and it is great to hear that that work is on-going.

That brings us to the end of the evidence session. I thank our witnesses very much for joining us. I suspend the meeting briefly before we move to our next agenda item.

11:10

Meeting suspended.

11:18

On resuming—

Subordinate Legislation

Sheriff Court Fees Order 2026 (SSI 2026/74)

High Court of Justiciary Fees Order 2026 (SSI 2026/77)

Justice of the Peace Court Fees (Scotland) Order 2026 (SSI 2026/78)

Sheriff Appeal Court Fees Order 2026 (SSI 2026/79)

Court of Session etc. Fees Order 2026 (SSI 2026/80)

Adults with Incapacity (Public Guardian's Fees) (Scotland) Regulations 2026 (SSI 2026/81)

The Convener: Welcome back. Our third agenda item is consideration of six Scottish statutory instruments under the negative procedure. I refer members to paper 3. Do members have any comments to make about any of the instruments?

Rhoda Grant: My question is not so much about the instruments themselves as about legal aid fees. There are increases in the cost of those fees, and I wonder whether the thresholds for the ability to claim legal aid will increase in line with them. For people who are on the margins of getting legal aid or not, the fees could push the costs up. Could the committee write to the Scottish Government to find that out and to flag it as an issue?

The Convener: Do members agree to write to the Government to ask about that?

Members *indicated agreement*.

The Convener: Do any other members wish to comment?

Maggie Chapman: Colleagues will know that I have voted against the orders in the past, when the increase was 20 per cent, but the current increases are broadly in line with, or just above, inflation, so I will not vote against them. I just put that on the record.

The Convener: As no other members wish to comment, that concludes consideration of the instruments.

Before we move into private to consider the remaining items on our agenda, I note that, although there will be further meetings in private to consider our draft reports, this is expected to be our last meeting in public. With that in mind, I thank all committee members, past and present, and our Parliament staff. We absolutely could not do this without you, and you have all contributed so much to the work of the committee. I also thank all those who have given evidence, particularly those who have shared their lived experience with us, which has allowed us to undertake our work in a much more profound and informed way.

11:21

Meeting continued in private until 11:41.

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