
DOMESTIC ABUSE, DEAFNESS AND THE PROBLEM OF LEGAL ACCESS IN ENGLAND

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Abstract

This article examines Deaf survivors' access to domestic abuse protection in England through a socio-legal analysis combining doctrinal frameworks (European Convention on Human Rights, Equality Act 2010, the Public Sector Equality Duty, and the Domestic Abuse Act 2021) with a national mapping of provision. It demonstrates how hearing-normative system design, interpreter-dependent access, and fragmented commissioning produce patterned and foreseeable exclusion, constituting institutional legal harm. By contrasting these systemic failures with Deaf-led, BSL-first services, the article shows that rights become exercisable when accessibility is embedded by design rather than delivered through reactive adjustment. It conceptualizes this recognition-realization gap as the Deaf Legal Illusion: formal recognition without reliable, substantive access in practice. The article concludes by identifying system-level reforms necessary to make equality exercisable and accountability enforceable.

Keywords: Deaf Legal Studies; domestic abuse; British Sign Language (BSL); Equality Act 2010; Public Sector Equality Duty (PSED); access to justice; institutional legal harm; socio-legal research; commissioning; interpreter-dependent systems.

[A] INTRODUCTION

This article presents a qualitative socio-legal study of the United Kingdom (UK) legal framework for protecting Deaf survivors of domestic abuse and how that framework is implemented through protection institutions in England. Socio-legal research treats law not as an abstract system of rules, but as a lived institutional process shaped by governance, professional norms, and service design (Webley 2010; Cotterrell 2017); this approach enables analysis of how domestic abuse, equality, and human rights duties are implemented—or undermined—at the frontline.

Domestic abuse is recognized as a serious and systemic harm, addressed through criminal, civil, housing, and welfare law, including the Domestic Abuse Act 2021. Government policy, such as the Home Office *Tackling Domestic Abuse Plan* (HM Government 2022) and the Ministry of Justice's European Convention on Human Rights (ECHR) memorandum (Home Office & Ors 2020) accompanying the Act, frames prevention, protection, and access to justice as core public functions. Yet for many Deaf people who use British Sign Language (BSL), legal recognition does not translate into reliable protection in practice.

Deaf BSL users often understand themselves as a linguistic and cultural minority. However, because UK policy frameworks rarely recognize sign-language minorities explicitly, issues of access, education, and participation are typically channelled through disability law and human rights instruments (De Meulder 2014; Wilks 2025). This positions Deaf people at the intersection of two identities: as a cultural-linguistic group and as individuals protected under disability rights paradigms.

It is essential to acknowledge the diversity of communication preferences and lived experiences within the Deaf community (De Meulder & Ors 2019; Moriarty & Kusters 2021). For some, written English is a chosen and effective mode of communication; for others, it presents a significant barrier to accessibility (Power & Ors 2007; Skinner & Napier 2023). Many Deaf people rely primarily on signed languages—which are complete, natural languages with their own grammatical structures—making BSL the preferred and essential mode of communication. This article focuses on Deaf people whose primary means of communication is a signed language.

UK and international research examines how Deaf people experience the legal system and consistently demonstrates that Deaf suspects, witnesses, and victims face persistent barriers when seeking help (British Deaf Association 2015; Skinner & Napier 2023; Napier & Ors 2024; Stonard & Ors 2025). These barriers arise not from individual communication difficulties but from institutional processes, service design, and hearing-normative assumptions embedded within policing, courts, and commissioned services (SignHealth 2025).

Studies of Deaf survivors of domestic abuse highlight a “knowledge gap” in recognizing non-physical forms of abuse. In BSL, commonly used signs for domestic abuse visually encode physical violence, which can lead survivors to interpret abuse narrowly and delay recognition of coercive control, economic abuse, or emotional manipulation. As Napier and colleagues (2024) explain, Deaf people are not inherently vulnerable;

they become vulnerable because of structural and institutional barriers. Many survivors describe financial or technological dependence on their abusers to navigate the hearing world, making them harder for services to reach.

While existing research offers strong empirical accounts of exclusion, it pays less attention to how legal duties are interpreted, operationalized, and enforced—and to how law itself can function as a mechanism through which exclusion is reproduced. The literature has yet to fully examine how institutional design, commissioning decisions, and procedural systems shape Deaf survivors' ability to realize their rights in practice (Webley 2010; Cotterrell 2017).

To analyse this recognition–realization gap, the article draws on Fredman's (2016) distinction between formal and substantive equality. Formal equality concerns equal treatment; substantive equality assesses whether rights are realized in practice. Deaf survivors may be formally recognized as rights-holders yet remain substantively excluded where protection relies on spoken-language systems or *ad hoc* adjustments that place the burden of accessibility on individuals.

This analysis is grounded in a national mapping of domestic abuse provision for Deaf survivors, conducted in 2021–2022 by SignHealth (2025), a Deaf-led health charity. The mapping examined availability, accessibility, and governance across specialist services, mainstream services, policing, courts, refuges, and perpetrator programmes. Rather than capturing isolated experiences, it provides a system-level account of how domestic abuse law operates in practice for Deaf survivors.

The article addresses three research questions. (1) How do Deaf BSL users experience domestic abuse protection in practice across services, policing, and courts? (2) How do commissioning and service design shape Deaf survivors' access to protection? (3) What do Deaf-led, BSL-first models reveal about the institutional conditions required for lawful, effective protection?

The article argues that Deaf survivors' recurring exclusion constitutes institutional legal harm—a patterned and foreseeable outcome produced by hearing-centred systems that treat spoken-language interaction as the norm (Napier & Ors 2024; Stonard & Ors 2025). This reflects the Deaf Legal Illusion: formal recognition without reliable, substantive access to protection (Wilks forthcoming). This article demonstrates that when accessibility is embedded by design rather than delivered through reactive adjustments, Deaf survivors' rights become exercisable in practice.

[B] LEGAL FRAMEWORK: DUTIES, PARTICIPATION AND THE DEAF LEGAL ILLUSION

This section sets out the domestic abuse, equality, and human rights duties that govern Deaf survivors' access to protection in England. It explains how these frameworks collectively require protection to be accessible, participatory, and effective in practice, focusing on the Domestic Abuse Act 2021, the Equality Act 2010 (including the Public Sector Equality Duty (PSED)), the Human Rights Act 1998, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Human rights and international obligations

The Human Rights Act 1998 incorporates the ECHR into domestic law. Domestic abuse engages several Convention rights—Articles 2, 3, 6, 8, 13, and 14—which the European Court of Human Rights (ECtHR) interprets as imposing positive obligations to prevent violence, protect individuals, and ensure access to justice in practice. These obligations are institutional: rights must be “practical and effective”, not theoretical. Where disclosure routes lack linguistic access, protection may fail and breach Articles 2-3 (*Osman v United Kingdom* 1998; *Opuz v Turkey* 2009; *Eremia v Moldova* 2013).

Article 6 guarantees a fair hearing, including effective participation. In *Cuscani v United Kingdom* (2002: paragraphs 38-40), the ECtHR held that inadequate interpretation breached Article 6, confirming that linguistic access is integral to procedural fairness. In domestic abuse cases, delayed or inadequate interpretation can undermine understanding, evidence-giving, and the ability to challenge decisions affecting safety, housing, child contact, and criminal accountability (Guthmann & Ors 2021). Articles 13 and 14 require effective remedies and prohibit discrimination, including indirect discrimination arising from hearing-normative design. Taken together, these provisions reinforce that exclusion from participation is not an administrative inconvenience but a failure of Convention compliance.

The CRPD provides an interpretive framework reinforcing these duties: Articles 9 and 13 require access to services and justice; Article 16 addresses violence; and Articles 5, 6, 21, and 31 emphasize non-discrimination, gender equality, access to information in sign language, and the collection of data on structural barriers. The CRPD Committee has raised concerns about systemic inaccessibility for Deaf people in justice contexts, placing the state on notice (CRPD Committee 2017).

Equality Act 2010: reasonable adjustments and anticipatory duties

The Equality Act 2010 prohibits disability discrimination and imposes a duty to make reasonable adjustments (sections 20 and 21). The duty reflects a substantive equality model, requiring institutions to dismantle structural barriers (Fredman 2016). It applies where spoken-language systems create disadvantage, requiring barriers to be removed in advance. For Deaf survivors, this disadvantage arises routinely across domestic abuse pathways dependent on spoken or written modes. Where spoken-language processes create disadvantage, institutions must provide appropriate communication support in advance (Equality and Human Rights Commission 2026). Where interpreter-mediated access does not remove the disadvantage—particularly in high-risk contexts—the Act may require structural responses, including BSL-first models.

Under part 3, service providers and public authorities owe an anticipatory duty to identify and remove barriers in advance of need (Lawson & Orchard 2021). Parliamentary evidence shows widespread confusion about this duty and persistent failures across commissioned services. Outsourcing does not absolve public bodies of responsibility (Pearl & Lawson 2015). These failures are pronounced in crisis settings. Case commentary on *University of Bristol v Abrahart* (2024) illustrates the risks associated with reactive approaches, highlighting the importance of anticipatory planning where delay can have serious consequences (Burin & Atrey 2024). Empirical research shows that communication barriers—interpreter shortages, delays, and unsafe *ad hoc* practices—compromise safety and deter engagement. More broadly, disability-law scholarship cautions that over-reliance on individualized enforcement mechanisms limits structural reform and allows systemic barriers to persist (Napier & Ors 2024).

Public Sector Equality Duty: design-stage accountability and commissioning

The PSED (section 149) is a structural governance duty. Courts require evidence-based consideration of equality impacts at the formative stage of decision-making, exercised in substance and capable of shaping system design (*R (Brown) v Secretary of State for Work and Pensions* 2008; *Bracking and Others v Secretary of State for Work and Pensions* 2013). Although the duty does not mandate particular outcomes, it requires authorities to prevent foreseeable disadvantage.

In domestic abuse contexts, this requires communication access for Deaf BSL users to be embedded in commissioning specifications, procurement criteria, funding models, and monitoring processes. Commissioning is not merely an administrative mechanism of service delivery but a legal site at which equality duties are either operationalized or diluted. Theoretical access to interpreters does not satisfy the duty where access is delayed, unstable, or unsafe. National mapping shows that Deaf accessibility is frequently treated as optional, with generic disability clauses substituted for enforceable BSL standards (SignHealth 2025).

Responsibility for compliance cannot be discharged through outsourcing of commissioning arrangements (*R (Kaur) v London Borough of Ealing* 2008). Yet, in practice, responsibility is routinely fragmented across multiple providers, enabling systemic failure without clear institutional ownership. Enforcement is further constrained by reliance on judicial review, a mechanism that is procedurally, linguistically, and practically inaccessible to most Deaf survivors experiencing domestic abuse. The result is persistent non-compliance that is formally recognized but substantively ineffective.

Domestic Abuse Act 2021: statutory framework

The Domestic Abuse Act 2021 defines domestic abuse broadly, including physical, sexual, psychological and emotional abuse, threats, coercive control, and economic abuse. It does not require a pattern of incidents, recognizing that abuse may be cumulative, relational, or ongoing even when it is evidenced through a single act (Home Office 2022).

However, statutory recognition does not secure the institutional conditions necessary for protection. Criminalization may expand recognition without delivering safety where systems struggle to capture non-physical abuse (Douglas & Ors 2023: 1-12). For Deaf survivors, access to protection is often mediated through police-first and court-centred processes shaped by the Police and Criminal Evidence Act 1984 (PACE) and related criminal justice procedures (Home Office 2019). These pathways presume spoken interaction as the communicative norm and assume that timely interpreter provision can be delivered without operational difficulty. Empirical research documents chronic interpreter shortages, especially among legally trained BSL interpreters, and wide geographical disparities that impede consistent and rapid access to communication support across England (Napier & Ors 2024; SignHealth 2025). As Wilks argues, interpreter-mediated access is prioritized over

embedding internal BSL-mediated services, leaving Deaf survivors dependent on a resource-constrained modality (Wilks 2022).

Further limitations arise because part 4 of the Domestic Abuse Act is confined to accommodation-based support. It does not extend to the wider domestic abuse pathways, including initial police contact and investigation (PACE), multi-agency risk assessment conference (MARAC) processes, independent domestic violence advisers (IDVAs) and community-based support, safeguarding interventions, or health-based identification routes. Accessibility across these stages therefore depends on equality and human rights law rather than the Act itself.

Together, these frameworks presuppose that survivors can disclose abuse, participate meaningfully, and access remedies. For Deaf survivors, this presupposes direct and timely communication access. Where access relies on delayed or *ad hoc* interpretation, legal duties may exist formally but fail operationally.

[C] METHODOLOGY

The Domestic Abuse Commissioner (DAC) Mapping is treated as empirical legal evidence evaluating whether statutory duties relating to protection, accessibility, participation, and prevention are realized in practice. The mapping captures recurring structural patterns rather than localized or temporary gaps, showing how responsibility for access is allocated, displaced, or fragmented across systems.

The national mapping was commissioned by the Office of the DAC and delivered by SignHealth, with the author as lead researcher. While the DAC's statutory remit extends to England and Wales, the empirical mapping underpinning this article examined provision in England only. As a Deaf researcher embedded in the domestic abuse sector, I approached analysis reflexively, recognizing both the value and limits of insider knowledge.

The original study combined: (a) systematic service mapping across England (unit of analysis: commissioned domestic abuse pathways and access points); (b) review of commissioning documents (tenders, specifications, contracts); and (c) qualitative interviews with Deaf BSL-using survivors and professionals.

This article undertakes a secondary analysis of these datasets, supplemented by a targeted review of publicly available organizational, commissioning, and policy documents reflecting provision as of 2025.

This secondary analysis treats the mapping not merely as descriptive service data, but as empirical evidence against which statutory duties relating to protection, accessibility, participation, and prevention can be assessed. Analysis draws on Deaf Legal Studies/Deaf Legal Theory, foregrounding language, power, and institutional design. Identified patterns are assessed against legal benchmarks to determine whether failures reflect institutional shortcomings rather than individual error.

Interviews used BSL/English informed consent, trauma-informed practice, safeguarding protocols, and strict anonymization. Data were stored on encrypted drives under General Data Protection Regulation-compliant procedures. Methodological limitations include pandemic-era constraints and reliance on organizational self-reporting; however, consistency across sources and alignment with wider research provide a robust basis for identifying structural legal harm.

[D] DOMESTIC ABUSE SERVICES IN PRACTICE

To address the first research question, findings are organized at three sequential points in the domestic abuse pathway: (i) availability of accessible support; (ii) first contact and justice engagement; and (iii) accommodation-based support under part 4 of the Domestic Abuse Act.

At the time of mapping, large areas of England—including the South West and the North—were without funded Deaf-specialist domestic abuse services (SignHealth 2025: 14-16). Where Deaf-led provision existed, it was often sustained through short-term or insecure funding rather than embedded commissioning (SignHealth 2025: 18). In such areas, survivors were channelled to hearing-normative services reliant on interpreter mediated communication, written exchanges, or remote-only contact. Remote contact is not inherently inaccessible, but where the only route to support depends on hearing-normative design, survivors frequently experience barriers. Anticipating these barriers, some turn to informal networks, relying on family or community members rather than lawful and confidential routes.

From a legal perspective, this demonstrates that protection is delivered contingently rather than as an entitlement. Where access depends on geography or informal networks, rights that exist uniformly in statute are realized unevenly in practice. This triggers both the anticipatory reasonable adjustment duty and the PSED, as commissioning arrangements foreseeably disadvantage Deaf BSL users. Legal protection

becomes inconsistent: experienced not through stable public systems, but through variable local infrastructures and private relationships.

At the second point of the pathway, institutional access frequently fails in operation. Interpreter arrangements are treated as evidence of compliance, yet the mapping and related parliamentary evidence record persistent delay, discontinuity, and unsafe communication practices that obstruct effective participation. At the point of first contact with police—often the most critical safeguarding moment—Deaf survivors are repeatedly reported as not being provided with timely BSL interpretation (SignHealth 2025: 27; UK Parliament 2021: paragraphs 6-8).

Officers sometimes attempt communication through written notes or through third parties, including hearing relatives or, in some cases, children (SignHealth 2025: 17; UK Parliament 2021: paragraphs 6.2-6.3). In more serious instances, communication has been mediated by individuals connected to the alleged perpetrator (UK Parliament 2021: paragraph 6.3; SignHealth 2025: 19). Similar failures appear across MARAC processes, housing assessments, and social care engagement, evidencing a recurring institutional pattern (UK Parliament 2021: paragraphs 8.1-8.3, 11.1-11.2; SignHealth 2025: 21).

These early failures have cascading effects. Interpreter delays during disclosure undermine the quality and completeness of evidence, reduce confidence in criminal justice engagement, and influence decisions about whether to proceed (UK Parliament 2021: paragraphs 8.1-8.3, 11.1-11.2). Where access fails at entry, the evidence suggests it is rarely remedied later (SignHealth 2025: 18). Safeguarding systems reliant on timely, meaningful participation become functionally inoperative, despite having clear legal duties to protect.

Courts are subject to the Equality Act 2010 and Article 6 ECHR requirements of effective participation, yet a persistent gap remains between obligation and practice (UK Parliament 2021: paragraph 8.1). Survivors and Deaf IDVAs report attending hearings only to find that interpreters have not been booked. Hearings are delayed, adjourned, or proceed with partial access (SignHealth 2025: 29).

IDVAs are sometimes asked to “loan” their interpreters—allocated for the IDVAs themselves, not for the clients—placing them in ethically compromising positions (SignHealth 2025: 29). This forces IDVAs to choose between permitting unbriefed interpreters—who may lack case knowledge or specialist preparation—to be used in court, or refusing and triggering further delay. Either option (loaning or refusing) risks

undermining participation. Communication access becomes scarce and contingent, rather than a core procedural requirement.

Access failures also affect perpetrator management. Parliamentary and professional evidence indicates that, where interpreters cannot be sourced after arrest, Deaf perpetrators are often released on bail without accessible explanation of conditions. Without interpretation at interview, it is unlikely that bail conditions are understood, undermining both compliance and enforcement. This creates a dual risk: inadvertent breaches by those who did not understand the terms, and potential legal challenges to enforcement where procedural safeguards under PACE were unmet. Such failures compromise both fairness and safety (Home Office 2019: paragraphs 1.7, 3.12-3.17, 11.15; SignHealth 2025: 30-33). Taken together, these failures demonstrate that inaccessible justice processes compromise not only participation and fairness, but also the integrity and effectiveness of safeguarding itself.

Accommodation-based support under part 4 of the Domestic Abuse Act does not guarantee sustained accessibility in practice. Case study evidence shows that Deaf women often accept refuge placements despite staff having minimal awareness of Deaf communication rights, leading to isolation and information deprivation.

Some refuges arrange interpreters for induction, but this rarely extends to ongoing support. Deaf women frequently describe living in environments where they cannot reliably communicate with staff or peers, inhibiting access to counselling, advocacy, and peer support. Inadequate digital infrastructure—such as inconsistent internet access—further limits remote interpreting or video relay use (SignHealth 2025: 18-19, 21, 25). These barriers have divergent but significant consequences. Some Deaf women leave refuge prematurely due to isolation and distress (SignHealth 2025: 19). In some cases, others experience extended stays due to barriers in move-on pathways, including housing, court processes, and welfare systems. Service-level data indicates that Deaf women remain in refuge for an average of 8.5 months—more than twice the national average of four months (SignHealth 2011).

Exclusion also occurs at the point of entry, with some refuges refusing placements on purported “health and safety” grounds despite reasonable adjustments being feasible (SignHealth 2025: 26). Refuge environments may thus reproduce conditions akin to enforced isolation, forcing Deaf women to choose between physical safety and linguistic survival.

Across all stages, the mapping reveals access failures that are patterned, foreseeable, and embedded in system design and commissioning.

[E] HOW ACCESS FAILURES PRODUCE HARM

This section answers the first research question by explaining how exclusion is produced through institutional mechanisms rather than isolated errors. The evidence shows that Deaf survivors' exclusion arises from three recurring mechanisms: (i) displacement of state responsibility to informal substitutes; (ii) structural language denial through interpreter dependency; and (iii) institutional and territorial exclusion from protection and accountability.

For the purposes of this analysis, *institutional legal harm* refers to patterned exclusion produced through system design and governance arrangements that render formally guaranteed rights unreliable in practice. It describes harm arising not from individual misconduct, but from the structural organization of institutions through which law is delivered.

Where lawful communication access is absent or delayed, Deaf survivors are frequently forced to rely on family members, friends, or children to communicate with police, social care, housing providers, and welfare services (SignHealth 2025: 17, 21, 28-29). These practices occur not as brief emergency measures, but as routine substitutes for statutory provision.

This constitutes a failure of the anticipatory reasonable adjustment duty and raises safeguarding concerns where children are involved. Responsibility for accessibility is displaced from public institutions onto private relationships, undermining autonomy, confidentiality, and evidential integrity. Informal substitution thus privatizes legal protection, delivering it unevenly and shielding systemic non-compliance from institutional scrutiny.

Second, harm arises through structural language denial resulting from interpreter dependency. Although institutions frequently cite interpreter provision as evidence of accessibility, the mapping demonstrates that reliance on interpreter-mediated access often functions as a barrier rather than a safeguard (UK Parliament 2021: paragraphs 6.1-6.6, 8.1-8.3). Delays, cancellations, fragmented booking systems, and lack of continuity routinely prevent timely and meaningful communication, particularly at critical safeguarding moments.

These failures produce procedural exclusion across policing, courts, and accommodation-based services. Deaf survivors experience incomplete disclosures, adjourned hearings, repeated retelling of trauma, and disengagement from systems intended to protect them (SignHealth 2025: 30). Such outcomes are indicative of non-compliance with both the anticipatory reasonable adjustment duty and the PSED, which require accessibility to be embedded by design rather than delivered reactively.

Analytically, interpreter dependency can operate as a form of language denial where reliance on interpreter provision produces delay, fragmentation, or exclusion rather than timely and meaningful participation. This argument does not suggest that interpreter provision is inherently unlawful or unnecessary. Rather, it contends that reliance on interpreter-mediated access alone cannot satisfy legal duties where it predictably produces delay, fragmentation, or exclusion in high-risk domestic abuse contexts. In systems organized around spoken-language norms, this can require Deaf survivors to adapt to inaccessible processes instead of enabling participation as a matter of right, with consequent harms to autonomy, dignity, and procedural fairness.

Third, harm is produced through institutional and territorial exclusion from protection and accountability. As documented in Section [D], the geographic absence of Deaf-led provision, combined with hearing-centred service design, produces unequal access to protection based on location and institutional capacity (SignHealth 2025: 14-16). Where Deaf-specialist services are unavailable, survivors are diverted into informal or remote-only pathways that relocate statutory protection into private space.

Legal rights remain formally intact but are realized only through personal networks, voluntary goodwill or specialist intervention. Protection becomes contingent rather than guaranteed, capable of engaging indirect discrimination under the Equality Act 2010 and exposing failures in commissioning and system design.

Institutional exclusion extends to perpetrators: there are no consistently available commissioned behaviour-change programmes accessible to Deaf BSL users. Safeguarding measures are sometimes imposed without ensuring comprehension, undermining preventive aims and accountability (Home Office 2019: 29, 32-33; UK Parliament 2021: paragraphs 15.1-15.5). Deaf perpetrators are excluded from rehabilitation pathways, while survivors remain exposed to ongoing risk. This selective accountability undermines the preventive objectives of domestic abuse law and reflects a system unable to operate effectively for Deaf people in any role.

Taken together, these mechanisms do not operate independently. Instead, they interact and compound across the domestic abuse pathway. Early failures at disclosure compromise later access to justice. Deaf survivors experience compromised disclosure, flawed risk assessment, interpreter dependency, procedural delay, attrition, and eventual withdrawal from formal protection.

This cumulative burden—often described by Deaf survivors as the “Deaf tax”—extends beyond inconvenience (UK Parliament 2021: paragraphs 4.1-4.5, 6.2-6.6, 8.1-8.4, 11.1-11.2; Aldalur & Ors 2022; SignHealth 2025: 26). In domestic abuse contexts, repeated access failures can compound delay, exhaustion, and disengagement from protection pathways, increasing vulnerability at critical moments. Reframing these failures as institutional legal harm highlights that, although duties exist, the infrastructure needed to realize them remains fragmented or displaced onto individuals and specialist advocates.

[F] WHEN ACCESS WORKS: DEAF-LED SERVICES

This section answers the third research question by examining Deaf-led, BSL-first services and demonstrating what effective and lawful protection requires. Drawing on the DAC mapping and subsequent developments, the analysis shows that Deaf-led provision functions as rights-effective legal infrastructure: communication is direct, responsibility is institutional rather than individual, and continuity is built in rather than improvised.

At the time of mapping, SignHealth was the only Deaf-led, BSL-first specialist domestic abuse service operating with commissioned provision across multiple local authorities. Its work included Deaf IDVAs, specialist advocacy across legal and welfare systems, and support for children and families. Since the mapping was conducted, expansion in Deaf-led domestic abuse provision has occurred only through SignHealth’s Domestic Abuse Service, extending into a limited number of additional local authority areas (SignHealth 2026).

This is not presented as an endorsement of a single provider, but as evidence of model feasibility. When services are designed around direct linguistic access, Deaf governance, and continuity, Deaf survivors engage as legal subjects rather than interpreted proxies. Structural barriers identified in the previous section—interpreter delay, fragmented disclosure, and informal substitution—are removed through institutional

design rather than individual adjustment. Nominal legal rights become exercisable protections.

The mapping suggests lower levels of disengagement reported in Deaf-led services compared with mainstream provision (SignHealth 2025: 20). This differential is legally significant. It reflects the removal of structural barriers that undermine participation elsewhere and the restoration of Deaf survivors' capacity to engage meaningfully in safeguarding, evidential, and adjudicative processes. In legal terms, Deaf-led provision enables effective participation within Article 6 ECHR, satisfies the anticipatory reasonable adjustment duty at a structural level, and fulfils the PSED by embedding accessibility into system design. These outcomes demonstrate that barriers faced elsewhere result from institutional design rather than inevitability.

However, improved outcomes have not translated into structural security. Deaf-led domestic abuse services continue to operate within precarious funding environments, reliant on short-term grants, pilot funding, or time-limited commissioning rather than statutory embedding. This funding instability is not merely an organizational challenge; it can constitute a safeguarding risk (SignHealth 2025: 18).

Short-term funding undermines workforce stability, disrupts continuity of advocacy, and leads to the loss of trusted relationships at precisely the point where survivor safety depends on consistency. Deaf survivors may establish trust with specialist advocates—often for the first time in an accessible environment—only to lose that support when funding cycles end (SignHealth 2025: 15). Episodic access cannot satisfy legal duties that require protection to be reliable, timely, and effective.

This reflects a process of institutional risk transfer, in which the state displaces its responsibility to provide stable and accessible protection onto fragile funding structures. Deaf survivors' safety is rendered contingent on commissioning cycles rather than secured as a matter of legal entitlement.

Alongside SignHealth, the mapping identifies other Deaf-led organizations providing vital community-based advocacy, prevention, and support (SignHealth 2025: 12-13). These organizations offer linguistic competence, cultural knowledge, and trusted points of engagement where statutory systems remain inaccessible. Yet their impact is structurally constrained by limited geographic coverage, small staffing capacity, and fragmented funding arrangements. These constraints reflect commissioning choices rather than deficiencies in service design.

Despite evidence of effectiveness, there is no statutory requirement or commissioning framework to scale Deaf-led models nationally. Access therefore remains contingent and uneven.

The mapping further shows that statutory and mainstream services frequently rely on Deaf-led organizations to compensate for accessibility failures across policing, courts, housing, and welfare systems. Deaf-led providers are expected to mediate communication, resolve institutional delay, and enable participation within systems that remain inaccessible by design (SignHealth 2025: 18). This reliance is legally significant; while reliance on external specialist provision may secure access in individual cases, it does not amount to systemic legal compliance where mainstream pathways remain inaccessible by design. Responsibility for equality compliance remains with the public bodies that design, fund, and govern those systems. As a result, legal protections exist formally but are realized only conditionally, dependent on the availability and capacity of specialist provision rather than secured through public systems themselves.

This outsourcing of equality duties weakens accountability. When accessibility failures are resolved through specialist advocacy rather than structural reform, responsibility becomes diffuse and non-compliance normalized. Mainstream services may appear compliant through referral or partnership, while hearing-centred systems of policing, adjudication, housing, and safeguarding remain unchanged.

Deaf-led services demonstrate that accessibility is not aspirational but achievable. The question is whether domestic abuse systems will embed the principles of direct linguistic access, Deaf expertise, continuity, and enforceable accountability into statutory commissioning and governance.

[G] WHAT THIS REVEALS ABOUT THE LAW

This section synthesizes empirical findings with the legal framework to explain why Deaf survivors' exclusion constitutes institutional legal harm. Across the domestic abuse pathway, the evidence shows a consistent pattern: where systems remain hearing-normative, protection fails operationally; where systems are designed around Deaf language and governance, rights become exercisable.

The analysis focuses not on institutional intent, but on how law functions through its delivery systems—and why exclusion persists despite robust statutory protections under domestic abuse, equality, and human rights law.

Formally, Deaf survivors are recognized as rights-holders: the Domestic Abuse Act 2021, Equality Act 2010, and Human Rights Act 1998 prohibit discrimination, require reasonable adjustments, and impose obligations to protect against serious harm. On paper, Deaf survivors fall squarely within the scope of these protections. In practice, however, access to these rights is conditional and frequently unavailable at critical moments. Survivors must navigate inaccessible systems, tolerate delays, and request adjustments repeatedly—burdens not placed on hearing survivors. This gap between recognition and realization constitutes the Deaf Legal Illusion: formal inclusion without reliable, exercisable access to protection in practice (Wilks forthcoming).

As the mapping shows, interpreter-dependent models are often treated as compliant while producing delay, fragmentation, and exclusion at critical moments. These failures generate procedural injustice, including incomplete disclosures, repeated retelling of trauma, and exclusion from decision-making processes conducted about survivors rather than with them.

This institutional design positions Deaf people as dependent on third parties to access their own rights, redistributing power away from survivors and undermining autonomy, confidentiality, and evidential integrity. In domestic abuse contexts—where timing and comprehension are central to safety—these effects constitute legal failure rather than administrative inconvenience.

These access failures persist not because legal duties are unclear, but because responsibility for accessibility is structurally displaced. Domestic abuse responses operate through complex networks involving police, courts, local authorities, housing providers, and commissioned voluntary-sector organizations, across which responsibility for accessibility is diffused through delivery systems and accountability pathways. While these actors operate within different remits, all remain bound by the same equality and human rights duties.

The mapping shows a recurring pattern in which responsibility for accessibility is displaced onto specialist Deaf-led organizations. These organizations are relied upon to mediate communication, resolve institutional delay, and enable participation within systems that remain inaccessible by design. While this intervention may secure immediate safety, it obscures the source of legal failure by treating accessibility as specialist support rather than institutional obligation.

This diffusion of responsibility is incompatible with non-delegable equality duties. Equality and human rights duties remain non-delegable even where service delivery is outsourced. Accessibility failures within commissioned systems therefore remain attributable to the public authorities that design, fund, and oversee them. The fragmentation of delivery does not dilute the legal responsibility of the state. Commissioning practices that prioritize service availability over access outcomes perpetuate exclusion under the appearance of compliance. Institutional non-compliance persists in part because enforcement mechanisms—complaints and litigation—are themselves inaccessible. Reliance on individual enforcement mechanisms, including discrimination claims and judicial review, presumes both linguistic access and personal resilience—conditions rarely present in high-risk domestic abuse contexts. Where enforcement depends on the capacity of survivors to initiate challenge, systemic exclusion remains insulated from structural correction. The lack of challenge reflects cumulative deterrents, not the absence of harm. Evidence of systemic failure has been documented extensively in research, reviews, and parliamentary submissions (UK Parliament 2021; SignHealth 2025). Yet, this yet has not translated into enforceable reform.

The contrast between mainstream and Deaf-led services demonstrates that exclusion is a matter of institutional choice, not feasibility. Reframing failures as structural legal breaches shifts attention from individual adjustments to systemic redesign. The Deaf Legal Illusion therefore offers a framework for analysing other contexts in which formal equality masks structurally embedded inaccessibility, extending beyond domestic abuse to wider domains of justice and public administration. The question is no longer whether additional guidance is required, but whether domestic abuse systems will be redesigned to make equality exercisable, accountability enforceable, and language access constitutive of justice.

What emerges here is a pattern that extends far beyond the domestic abuse sector. Although grounded in domestic abuse protection, similar systemic patterns appear across UK administrative systems. Research shows that the National Health Service repeatedly fails to implement the Accessible Information Standard and violates the Equality Act, despite formal duties, revealing major gaps between legal compliance and operational practice. This problem extends across health and social care, as confirmed by the Government's own BSL Advisory Board, demonstrating that these issues are structural rather than sector specific. Without a shift in how systems operationalize equality, formal legal compliance will continue to mask substantive exclusion in practice, and institutional

harm will persist under the appearance of legality (SignHealth 2021; UK Government 2022; UK Parliament 2022).

Without this shift, formal legal equality will continue to mask substantive exclusion in practice, and institutional harm will persist under the appearance of legal compliance.

[H] CONCLUSION

This article has examined Deaf survivors' access to domestic abuse protection in England through combined doctrinal and empirical analysis. Bringing together domestic abuse, equality, and human rights law with national mapping commissioned by the DAC and evidence from Deaf-led provision, it demonstrates a persistent gap between the formal availability of legal protection and its realization in practice.

Across the domestic abuse pathway, statutory rights exist on paper but are delivered through systems that remain hearing-centred, fragmented in responsibility, and inconsistent in treating language access as fundamental. Exclusion arises not from the absence of law, but from institutional design, commissioning practices, and governance arrangements. This reflects the Deaf Legal Illusion: formal inclusion without reliable access to protection.

The mapping reveals systemic exclusion rather than isolated failure. Deaf survivors' access to safety and justice is shaped by geography, commissioning decisions, and interpreter-dependent models of access, producing a postcode lottery of protection. Interpreter-dependent systems cannot satisfy legal duties unless accessibility operates reliably in practice. The absence of accessible perpetrator behaviour-change programmes further weakens prevention and accountability.

By contrast, Deaf-led services delivered directly in BSL demonstrate that different outcomes are possible. Where systems are designed around direct linguistic access, Deaf expertise, and continuity of support, statutory rights become exercisable in practice. These models expose the contingent nature of existing protection and show that substantive equality is achievable where accessibility is embedded by design rather than retrofitted through crisis response.

These findings challenge the assumption that interpreter provision alone satisfies legal obligations: in high-risk domestic abuse contexts, compliance must be judged by whether protection operates effectively in practice, not by whether adjustments exist in theory. They also highlight

the central role of commissioning in producing or preventing exclusion. Equality and human rights duties apply at the level of funding, service design, and system architecture, and cannot lawfully be discharged through reliance on a small number of specialist providers where mainstream systems remain inaccessible by design.

Taken together, the analysis answers the three research questions: it (1) maps how Deaf BSL users experience protection in practice; (2) explains how commissioning and service design generate recurring access failures; and (3) shows what Deaf-led, BSL-first models reveal about the conditions for effective and lawful protection.

Reframing Deaf survivors' exclusion as structural legal harm shifts the focus from individual adjustment to institutional accountability. The evidence of access failure is longstanding and robust. What remains absent is enforceable, system-level reform. Until domestic abuse law is delivered through institutions designed for Deaf participation, rather than through interpretation and specialist advocacy, formal equality will continue to mask substantive exclusion.

The question is therefore not whether Deaf survivors are protected by law, but whether the legal system is structured to make that protection real.

About the author

Abigail Gorman is Policy and Research Manager at SignHealth. She works at the intersection of policy, legislation, and empirical research, engaging with government and parliamentary processes to improve Deaf survivors' access to domestic abuse protection, health, and social care. She studied Gender and Sexuality with a focus on criminal justice and human rights. A qualified Young People's Violence Advisor, she previously worked with Deaf children experiencing abuse. Her work combines doctrinal legal analysis with research conducted in collaboration with Deaf- and hearing-led organizations to advance system-level reform. She led the national mapping of domestic abuse provision for Deaf survivors commissioned by the Office of the Domestic Abuse Commissioner.

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