Silent Harm: Evidence-informed Training for Stakeholders Working in Interpreter-Mediated Gender-based Violence Settings

Lorraine Leeson[1], Jemina Napier[2], Lianne Quigley[1] and Catriona Freir[3]
[1]Trinity College Dublin, Dublin, Ireland
[2]Heriot Watt University, Edinburgh, Scotland
[3]Dublin Rape Crisis Centre, Dublin, Ireland

leesonl@tcd.ie

j.napier@hw.ac.uk

liannequigley@gmail.com

caitriona.freir@rcc.ie

Abstract: Discussion and disclosure of domestic, sexual and gender-based violence (DSGBV) remains taboo for many. DSGBV was spotlighted as a 'shadow pandemic' across the Covid-19 pandemic with significant increases in instances of abuse recorded across the period. Concurrently, lack of access to any information around DSGBV in non-dominant languages including signed languages, along with limited organised opportunities to discuss DSGBV has left many speakers/signers experiencing DSGBV in a vacuum (Napier, Clark, Leeson, & Quigley, 2024; Opsahl & Pick, 2017). There is robust consensus that migrants, refugees and members of deaf communities who experience DSGBV should have timely access to interpretation by competent and specially trained professionals in a respectful framework of practice based upon integrity, which upholds their human rights. This, in turn, facilitates equitable engagement with the legal system and relevant support services (e.g. Admire & Ramirez, 2021). The literature also reveals a need for further research on interpreter preparedness towards enhanced understanding of its impact on DSGBV disclosures. Vicarious trauma for interpreters and gaps in understanding amongst law enforcement and support agencies about what constitutes positive interpreting experiences for all parties, are among the areas most urgently requiring further research. We tackled these challenges with the multidisciplinary Justisigns 2 project team (2020-23), developing evidence-informed resources for key stakeholders who engage with deaf, refugee, and migrant women and girls who experience GBV and use a language other than that of their host community. Follow on work (Royal Society of Edinburgh/ Royal Irish Academy) facilitated roll-out with police, interpreters and other stakeholders in rural Scotland and Ireland. Significant work with deaf women across the project raised consciousness around DSGBV and led to the co-creation of glossaries of DSGBV terms in Irish Sign Language (ISL) and British Sign Language (BSL). In this paper, we present results of a survey of key stakeholders from Ireland, the UK and Spain and outline our development of specialist training. We discuss how legislative frameworks and national policies around DSGBV and equality need further co-enmeshment, and we consider how minority community women who do not speak the host language, can be better included in informing and guiding development of processes that impact them.

Keywords: Domestic, Sexual and Gender-based Violence (DSGBV), Interpreting Services, Deaf and Migrant Women, Sign Languages, Language Concordant Services.

1. Background

Domestic, sexual, and gender-based violence (DSGBV) was spotlighted as a 'shadow pandemic' across the Covid-19 pandemic with significant increases in instances of abuse recorded across the period. However, at the same time, lack of access to any information around DSGBV in non-dominant languages including signed languages, along with limited organised opportunities to discuss DSGBV has left many speakers/signers experiencing DSGBV in a vacuum (Flynn et al., 2024; Napier et al., 2024; Opsahl & Pick, 2017), while accessing services that are available is extremely challenging for those who do not speak the host language. For example, Flynn et al. (2024) report that only 2% of specialist domestic violence services offer a support service via text and only 2% mention accessibility on their landing page – this creates an often-insurmountable challenge, for deaf people in particular.

In an ideal world, language concordant services would be offered which align to cultural and linguistic needs. For deaf signers, for example, this would mean that services would delivered by deaf signers in a sign language (De Meulder & Haualand, 2019). What is more likely to happen is that minority language communities who have experienced DSGBV are offered mainstream services with access via the provision of interpreters. However, even this is not always assured, despite legislative imperatives to do so (e.g. Council of Europe, 2011; European Parliament and the Council of the European Union, 2012) and see Cabeza-Pereiro et al. (2023) for detail of the Irish, Spanish and UK legislation in this regard. Additionally, ideally, interpreters would have access to formal interpreter education - in many countries, interpreters have little or no formal training to become an interpreter (Napier, Webb, & Adam, 2024).

Napier et al. (2023) report robust consensus across the empirical literature that migrants, refugees, asylum seekers and members of deaf communities who experience DSGBV should have timely access to interpretation specially-trained, competent professionals. A respectful framework of practice that upholds human rights to facilitate full and equitable engagement with the legal system and relevant support services is a foundational requirement for this.

While there is a noticeable dearth of literature reflecting the direct first-hand experiences of migrants, refugees, asylum seekers and deaf signers accessing interpreting services in circumstances relating to DSGBV, Napier et al. (2023) present a succinct overview of literature that identifies gaps in service provision by support agencies and interpreters, alongside the formulation of solutions to address these gaps. Some further questions are also raised:

> Is it ideal for women to receive language concordant services (e.g. direct from deaf signers in their own sign language or spoken language)? If language concordant services are not available in their area what are best practices for support service professionals (namely police officers, social workers, healthcare professionals, etc.) and interpreters for working together? What are the training needs of support service professionals and interpreters in working with female victims of GBV? What is the impact of training, qualification and registration on the quality of interpreting provided to those who access GBV services via interpretation? (Napier et al., 2023 p.29)

2. Justisigns 2 Project

Against this backdrop, the Justisigns 2: Empowering people who experience domestic, sexual, and gender-based violence project[1], funded by the European Commission's Erasmus+ programme ran from 2020-2023. The consortium comprised the Dublin Rape Crisis Centre (Ireland), An Garda Síochána (Irish Police), the European Union of the Deaf, Trinity College Dublin (Ireland), Heriot Watt University (Scotland), the University of Vigo (Spain), and was chaired by Interesource Group Ireland Ltd. The goal of the project was to develop evidence-informed resources to support service providers responding to victims/survivors of DSGBV via spoken and/or signed language interpretation.

3. Survey

In 2021, we conducted a survey of service providers and interpreters in Spain, the UK, and Ireland. Our target population included those with experience of working in interpreter-mediated settings with victims/survivors of DSGBV (i.e. with migrants, asylum seekers and deaf women). We worked with a convenience stratified random sample. We aimed to develop an initial benchmark vis-a-vis how service providers communicate with victims of DSGBV, the training needs they identified in this regard, the training needs identified by interpreters, with the goal of leveraging learning from this in the development of materials. Two different questionnaires were developed: one for interpreters and one for support service providers.

We considered interpreters working with spoken languages and signed languages. For support service providers, we included professionals working in intercultural mediation, education, social work, police services, healthcare (e.g. counsellors, psychotherapists), those working in the justice sector and in NGOs.

Research ethics approval was secured via all partner universities (Trinity College Dublin, Heriot Watt University, University of Vigo) and via An Garda Síochána's (the Irish Police Force) Research Ethics Committee. The survey ran from May to July 2021 in Ireland and the UK. In Spain, the survey ran for six months (May to end October 2021). We note that this was across the Covid-19 pandemic, and responses were low, perhaps a function of survey fatigue across the period. The response levels are outlined in Table 1.

Table 1: Responses by countries and groups

[1] https://justisigns2.com

Country	Target Group	Total
Ireland	Service Providers	85
	Interpreters	11
Spain	Service Providers	173
	Interpreters	57
UK	Service Providers	13
	Interpreters	45

Survey findings were complemented by qualitative data from interviews with deaf survivors, police officers and social workers, and a roundtable with interpreters and deaf Independent Domestic Violence Advisors in the UK (Napier et al., 2024; Napier et al., 2023).

3.1 Support Service Provider Responses

In the UK and Spain, many service providers reported more than 20 years' experience. The Irish response was different, which we attribute to the robust response from members of An Garda Síochána. The majority of Gardaí who engaged in this study report working in Divisional Protective Service Units (DPSUs) under the Garda National Protective Services Bureau (GNPSB). The GNPSB was established in 2015. An additional six DPSUs were established in Mayo, Roscommon/Longford, Kildare, Laois/Offaly and Wexford in 2020. This helps understand why Irish respondents (who are mostly Gardaí) report having less than 6 years' experience. Additionally, Gardaí require a minimum number of years' experience prior to applying to work in a specialised area on top of their probation (two years). Those working in DSGBV must first apply to work in a specialised unit and then complete an interview process. At the other end of the experience spectrum, we note that the retirement age for An Garda Síochána members is 60 years. If they joined the force after 2004, they can choose to retire as early as 55. Thus, the window of potential years of experience must be viewed through the lens of the career pathway for Gardaí, a point of differentiation for other respondents.

When it comes to the training concerns highlighted by service providers, we see the need for bespoke training, tools to support interviewing victims of DSGVB (bearing in mind so many respondents are police officers); awareness of supports available to victims/survivors; cultural/diversity considerations – understanding cultural barriers experienced by women seeking information around DSGBV; working with minority groups, especially where language barriers exist. They also wanted to know more about legislation and policing protocols and to learn to better engage with victims/survivors (e.g. witness interviewing techniques, esp. children/vulnerable people; how to talk to a victim).

We asked service providers which languages they most commonly encountered (other than their national language/s) when engaging with victims/survivors of DSGBV. We also note here where respondents had or had not worked with a sign language interpreter (SLI) to date (Table 2).

We asked what happens if an interpreter is not present in terms of resolving communication issues through other means like: gestures/ pointing; through drawing/ writing; getting help from a colleague who understands the language of the client; getting someone who can communicate with the client: asking the victim to bring someone who can help; or using a multilingual software for spoken languages (e.g. Google Translate).

Table 2: Range of languages presenting in DSGBV settings

Country	Most Commonly Occurring Languages	%
Ireland	Polish	69%
	Romanian	55%
	Lithuanian	54%
	Portuguese	50%
	ISL	11%
	68% of Irish respondents had never worked with a SLI	

Country	Most Commonly Occurring Languages	%
Spain	Arabic	79%
	Romanian	69%
	Portuguese	57%
	French	47%
	LSE	27%
	46% of Spanish respondents had never worked with a SLI	
UK	Polish	72%
	BSL	51%
	Urdu	43%
	other	50%
	25% of UK respondents had never worked with a SLI	

Twenty-nine percent of Irish respondents said they 'almost always' get someone who can communicate with the client (29%) - this option was used 'occasionally' by 51% of respondents. Fifty-eight percent of Irish respondents report that they occasionally ask the victim to bring someone who can help. Worryingly, 22% say that they always or almost always ask the victim to bring someone who can help. Irish respondents also note that they occasionally use gestures/pointing (51%) or seek help from a colleague who understands the language of the client (51%). Nineteen of the Irish service providers report that they have never used an interpreter in a DSGBV related case. This suggests that there is significant work to be done around raising awareness of international and national legislation around the provision of interpreters, and the obligations that follow from this.

56% of UK respondents said they occasionally used gestures/pointing; 44% said that they occasionally used drawing/writing; 50% sought help from colleagues who understood the language being used; and 71% used a multilingual translation software.

The Spanish response indicated no clearly preferred option, but we found respondents say that they communicate through gestures/pointing (almost always 32%), through drawing/writing (occasionally 33%), getting help from a colleague who understands the language of the client (almost always 35%), getting someone who can communicate with the client (almost always 36%), asking the client to bring someone who can help (almost always 28%), using a multilingual software for spoken languages (never 28%, but also almost always in 24% of cases).

A majority of service providers reported being very satisfied or satisfied with the interpreters they had worked with to date (UK 86%; Ireland 75%; Spain 68%). However, when it comes to how one requests an interpreter, there was a gap between knowledge of the process to follow and the consistent implementation of same (Table 3).

Table 3: Requesting and agreeing role of interpreters

Country	We Have a Process for Requesting Interpreters	How Consistently This is Applied	Agreeing Role of Interpreter
Ireland	93%	65%	40%
Spain	72%	20%	19%
UK	83%	20%	50%

We asked service providers what they felt interpreters needed to know in order to work in DSGBV settings. They highlighted language and communication skills, training in DSGBV and awareness of legal issues in this space, specific terminology, emotional management, intercultural communication, cultural context of the client, nature of abuse (including psychological aspects of DSGBV), ethical codes, understanding of trauma, awareness of the

General Data Protection Regulation and of DSGBV related services and support, along with understanding of the time associated with specific procedures such as taking a statement in a complex case.

3.2 Interpreter Responses

As per Table 1, the number of interpreter respondents was quite low: 11 in Ireland, 45 in the UK, and 57 in Spain. It is difficult to confirm what the potential sample population may have been as interpreting is not a regulated profession, and we note that while registers of SLI exist – a voluntary register in the UK (NRCPD) and a statutory one in Ireland (RISLI), this is not the case in Spain. While the UK has a Register of (spoken) Public Sector Interpreters, Ireland does not. The Spanish Ministry of Foreign Affairs, European Union and Cooperation lists all accredited spoken language translators and interpreters in Spain.

The interpreting profession is predominantly female (Bontempo, Napier, Hayes, & Brashear, 2014; Sheridan, Lynch, & Leeson, 2024) and this is reflected in the high percentage of female interpreter respondents here. Levels of experience, formal training, and continued professional training around DSGBV varied considerably.

In Ireland, 78% of interpreter respondents were female. 5 self-identified as sign language interpreters. 67% were aged 46-55 years and they report 6-28 years' experience. All had completed higher education: 50% had a bachelor level qualification and 50% a postgraduate qualification. All had received specific training in interpreting. Eight report English as their first language. 39% said they had completed some specific training in DSGBV, ranging between 6-200 hours.

For British interpreter respondents, 84% were female. 57% were aged 36-55 years. 76% had completed higher education to bachelor or postgraduate level. The majority reported English as their first language (27), with others including BSL, Ukrainian, Arabic, Polish and Turkish. The majority were BSL/English interpreters. 33% said they had completed some specific training in DSGBV, ranging between 6-200 hours, with the majority estimating between 6-30 hours.

Spanish interpreter respondents were also predominantly female (82%) with 39% reporting they were aged 36-45 years. 53% hold postgraduate qualifications. 79% say they have specific training in interpreting. L1 – Spanish (36), - other L1s: Galician, Catalan, Basque, Arabic, Russian, Romanian, French, German. No LSE as L1 in respondent group. Specific training in DSGBV: 32%. While the average reported training in DSGBV is more than 200 training hours, the distribution is uneven, with 6 cases reporting 15-30 hours, 12 reporting 40-100, 9 between 110-300 hours and three recording over 1000 hours of specialist training.

Overall, the range of training needs identified by Interpreters mapped closely to that of service providers. They highlighted training needs around DSGBV generally and the legislation governing same. They report wanting more information on cultural, linguistic, and social elements of the work, as well as information about domestic abuse (e.g. domestic abuse does not always entail physical violence; victim/survivor behaviours and experiences; information about new concepts in public discourse such as coercive control). Interpreters say they want to understand procedures for engaging with victims/survivors of DSGBV (e.g. what to expect at a police station from the perspective of an interpreter; process of taking a victim statement; working with a deaf interpreter/hearing interpreter team; protocols for clarifying or interrupting in police or counselling settings).

Another area for attention is that of managing emotion in DSGBV contexts, which, for all parties in an interpreted interaction is important for many reasons. Additionally, we note that interpreters may be from, or heavily engaged with the community that the victim/survivor comes from (Dublin Rape Crisis Centre, 2024). The emotive context, the potential for vicarious trauma, coupled with the potential legal weight of the work in this domain are factors that contribute to the small numbers of interpreters willing to do this work in the first instance.

3.3 Embedding Findings in Training

Support service providers and interpreters report that they do not have much experience of working together in DSGBV contexts and lack familiarity with how to best work together. We identified some contradictions across respondent groups e.g., support service providers say they mostly check interpreter credentials, but interpreters tell us that they are rarely asked to confirm their credentials. As another example, while support service providers think they are briefing interpreters, interpreters do not feel that they are briefed. Our survey revealed that support service providers and interpreters have received minimal training on how best to work together in DSGBV contexts, and any training received has mostly been provided through professional development workshops. We noted a juxtaposition between priorities for support service providers and interpreters and where there are mismatches concerning the ranking of language skills, people skills, and level of specialist

information needed; with both groups considering interpersonal skills to be very important. This provided impetus for including checklists for stakeholders in our training manual.

Both groups confirmed the need for specialist skills and competencies to work with women in DSGBV contexts and the requirement for specialised training. Although support service providers and interpreters are expected to undertake general professional development, as the work with individuals who have experienced DSGBV is such a specialised and sensitive area, both groups commented on the need to be trained on how to deal with emotional boundaries, managing emotional responses, empathy, and specific terminology, the nature of DSGBV, and legislative processes. We offered masterclasses across 2021-4, drawing on consortium expertise. Additionally, the training manual and interpreter handbook offers specific guidance on self-care when working with DSGBV.

Our results indicated the need to localise many elements in training. For example, support service providers in Ireland referred to their desire for more information on the General Data Protection Regulation (European Union, 2016). This impacts on understanding of ethical guidelines and unanticipated consequences of other things in the system, e.g., citing GDPR as a reason for not giving information to interpreters. In this way, we note that guidance needs to be provided to service providers that not only is it appropriate to give this information to interpreters for preparation purposes but that it is actually best practice to do so to protect human rights. Likewise, we note in Spain, police must inform a suspect of all evidence they have against them before going to court. This is a fairly recently new directive, which is problematic when the victim is endangered as police do not want to hand over all information, including to interpreters, creating a tension between protecting victim rights (by ensuring that interpreters understand what has happened so they can interpret as effectively as possible) and protecting suspect rights. We have included language and country specific content in our manual to support the issue of localisation, but note that much more work is needed yet in this regard.

Our survey responses suggest that existing training is repetitive, focussing primarily on terminology and legislation. While these topics were noted by interpreters as important, we suggest that more in-depth training across a range of issues that are particularly pertinent to support service providers and interpreters working together, e.g. cultural and emotional issues that require a broader lens, and go beyond general explanations of DSGBV.

British deaf women who were interviewed also raised the issue of cultural awareness, understanding of DSGBV related issues and the need for training for support service providers and interpreters. Deaf women also raised their own need for clear communication, information in their own language(s), and specific on-going support, as well as recognition of the needs of women from diverse minority ethnic backgrounds. Deaf women highlighted concerns around confidentiality, noting that deaf communities are small and highly networked. As such, rather than assuming that deaf women would automatically prefer deaf-specific, language concordant (e.g., BSL/ISL/SSL) services, there may be times when they would prefer to access mainstream services via interpretation. However, some deaf women felt better able to express themselves when receiving support from a deaf-specific service. This highlights two things: the need to fund deaf-specific services and the need to train more interpreters for work in GBV settings in order to provide deaf women with the choice of which service to approach. This same principle applies to the provision of support services for women who are migrants, asylum seekers or refugees as they may also experience similar issues concerning small, networked communities and feelings of safety. We built on this information by creating a short documentary, “Silent Harm”, highlighting key concerns and offering guidance on best practice approaches.

A final point to note here is that often a deaf interpreter (DI) is called on to work in contexts of DSGBV, working with deaf migrants, refugees and asylum seekers across two sign languages (e.g. Ukrainian Sign Language and Irish Sign Language), or working with a deaf person who may have had limited exposure to a sign language and where language mediation can best be effected via a deaf interpreter working alongside a hearing interpreter. Considering and planning for contexts where multiple interpreters are required to support access is essential (Cabeza-Pereiro et al., 2023).

4. The Justisigns 2 Training Suite

As a result of our survey and review of the literature as outlined above, we worked to create a series of trauma-informed materials for service providers and interpreters, all provided on an open-access basis at https://justisigns2.com/outputs. These include:

- An evidence-based trauma informed training manual for service providers and interpreters who work with deaf, refugee, and migrant women and girls who have experienced gender-based violence
- A handbook for interpreters who are working in situations of DSGBV
- Localised guidance for police officers in Ireland, Spain and the UK when communicating with deaf people who have experienced DSGBV
- A glossary of terms in British Sign Language and Irish Sign Language to support the lexical and conceptual gaps identified in the literature and by interpreters.
- A documentary, "Silent Harm" that recounts the experiences of deaf survivors of DSGBV in different scenarios, all based on true stories.
- A GBV toolkit for spoken and sign language interpreters who work in triadic interactions between victims and support professionals such as police, counsellors and legal professionals.

5. Conclusions and Some Recommendations

While we have made great strides in raising awareness of the need to consider language concordant services for those engaging with DSGBV services and beyond, and regarding interpreter-mediated DSGBV related encounters, much work remains. Here, offer some recommendations on the back of our Justisigns 2 work aimed at supporting the translation of our findings to policy, practice and pedagogy. We also indicate further research needs.

5.1 Policy

Submissions to government, public service and charity consultations concerning legislation or strategies related to DSGBV against women who are migrants, asylum seekers, refugees or deaf signers are required to articulate the need for specific services tailored to meet the needs of linguistic and cultural minorities, particularly deaf women, given a particular dearth of direct service provision.

Multilingual factsheets for police officers, social workers, healthcare professionals, and other DSGBV support service providers and interpreters are needed, containing guidance on working with women who are migrants, asylum seekers, refugees or deaf signers.

5.2 Practice

Multilingual resources for deaf and linguistic minority communities providing information in a range of languages about DSGBV, e.g., glossaries of GBV terms in different languages, website information, information videos, all of which could also be used as resources by interpreters.

5.3 Pedagogy

Our training handbook includes a range of information about working with women who are migrants, asylum seekers, refugees or deaf signers. We note the need for delivery of educational workshops for deaf and linguistic minority communities in their own languages about how to recognise and report DSGBV and, more broadly, around women's rights.

Masterclasses offer a mechanism for increasing shared understanding of best practice approaches to working in DSGBV related interpreter mediated settings, bringing together support service providers, interpreters and women from linguistic minority communities, with combined and tailored breakout sessions for each group, an approach we have successfully applied.

We strongly recommend the training of Independent Domestic Violence Advisors (in the UK) or equivalent DSGBV support workers in other countries, who are deaf or themselves migrants, asylum seekers, refugees or deaf signers in order to be able to provide language concordant support.

More DIs are also needed to work with deaf women in DSGBV contexts.

5.4 Further Research

There is a dearth of research on the experiences of women who are migrants, asylum seekers, refugees of deaf signers in reporting incidences of DSGBV and accessing DSGBV support services either directly or through

interpreters. While our work has contributed new knowledge, significant gaps remain. We see a clear need for more direct co-designed participatory research with migrants, refugees, asylum seekers and deaf signers who are survivors of DSGBV with a focus on their lived experiences of interpreting in DSGBV contexts. Further research on interpreter preparedness towards enhanced understanding of its impact on disclosures by victims and survivors of DSGBV is required. The issue of vicarious trauma for interpreters and gaps in understanding on the parts of law enforcement and support agencies about what constitutes positive interpreting experiences for all parties, are among the areas most urgently requiring further research.

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