

2 May 2023

## The Royal College of Speech and Language Therapists NI response to the consultation on the Draft Domestic & Sexual Abuse Strategy 2023-2030

The Royal College of Speech and Language Therapists (RCSLT) NI welcome this important draft strategy, commend the work undertaken and support its broad vision and aims. We wish to thank the consultation team for engaging with us and receiving our research briefing on the links between domestic and sexual abuse and communication needs (attached to the cover email for ease of reference).

The RCSLT NI believe that consideration must be given to people with communication needs due to their elevated risks of being a victim, increased difficulty in disclosing abuse and in accessing support. In light of our existing engagement, we have not sought to replicate the detailed research evidence here. Using the consultation questions as a guideline, we have made some suggested amendments to the strategy's wording and content. We believe these amendments would help ensure that people with communication needs are included and considered. We have also set out several key asks in relation to the delivery and implementation of the strategy going forward:

**RCSLT NI believe the Draft NI Domestic and Sexual Violence Strategy could be further strengthened by:**

- a clear acknowledgement of communication needs as both a risk for experiencing abuse and barrier to reporting and receiving support following domestic or sexual abuse;
- that subsequent action plans include details of how they are going to identify and support communication needs;
- ensuring that good practice models and guidance must include awareness of, identification of and appropriate support for communication needs;
- ensuring the definition of 'domestic abuse support' includes the provision of information and all communications relating to support being in accessible and inclusive formats;
- including, where appropriate, speech and language therapists as part of the multidisciplinary teams designing and providing prevention and support initiatives to ensure they are inclusive and appropriate to children, young people and adults with communication needs.

### **SECTION 1: Introduction**

#### **Vision and Aims**

The RCSLT NI support the vision and aim outlined in the draft strategy. In particular, we welcome the commitment to 'ensuring those affected get the right support'.

We note that the strategy has not dedicated a pillar specifically to individuals who may be at increased risk of becoming a victim, or who face additional challenges to accessing support. We understand that the chosen approach is to embed these groups needs across the four pillars of the

strategy. While we support this approach of mainstreaming additional needs across all the areas of work in the strategy, we have some concerns that it may risk overlooking people with speech, language and communication difficulties, as they are often hidden. We are concerned that this will have implications for the implementation of the strategy and that opportunities to identify and support people with communication needs may be missed.

To address these concerns, we would welcome explicit references to people with communication needs in the final document, throughout all relevant sections. We believe this is crucial to support a better awareness of the links between communication needs and abuse and ensure adequate consideration is given to accessible prevention and support in subsequent action plans going forward. Below we have highlighted the specific areas we feel could be amended to achieve this and made some suggestions around possible wording.

#### **Pg 6 – An Inclusive Approach**

It is a vital and welcome acknowledgement that anyone can become a victim of abuse. In line with our comments above, we would also welcome an acknowledgment that some groups may face increased risks of becoming a victim to domestic or sexual abuse. RCSLT NI refer to the wording used in the [Domestic Abuse Statutory guidance for England \(2022\)](#) and suggest the following:

*This strategy recognises that some groups may face an increased risk of becoming a victim to domestic or sexual abuse. For example, people with speech, language and communication difficulties may be actively targeted by perpetrators or experience abuse for longer periods of time because of difficulties they face in explaining what has happened to them, asking for help, and accessing the support available. Delivery plans will consider what additional measures may be required to support access and inclusion of all groups across the four pillars of this strategy.*

#### **Pg 9 - Why Change is needed**

The RCSLT NI would welcome some additional or amended wording in this section, highlighted in italics and underlined, as follows:

Paragraph three, addition of:

*“Victims may face difficulties in understanding and/or communicating what has happened to them”.*

Bullet 3, paragraph 5

- Providing *inclusive and accessible* support to those affected by domestic and sexual abuse, informed by their experience and the needs of particular groups;

### **Section 2 Understanding domestic and sexual abuse**

#### **Pg 14 – Facts and figures**

RCSLT NI would welcome the inclusion, if available, of data indicating any prevalence of disability related to incidences of domestic and sexual abuse. If this is unavailable, we would welcome some more information on how this may be addressed going forward.

#### **Pg 18 Additional barriers for different groups**

**Paragraph 1** – RCSLT suggest the addition of the wording italics and underlined:

Domestic and sexual abuse can, and does, happen to anyone. The impact is personal to each individual affected and many people have multiple needs and face multiple barriers: to reporting (such as *communication difficulties which make it harder to say what has happened*, fear of not being believed, concerns about access to private information and delays in the system); to accessing support; and to engaging with the criminal justice system. We are committed to working together to help break down these barriers.

#### **Pg 19 - Children and young people**

The RCSLT NI recommend the addition of specific wording to highlight the important links between abuse and language and communication – with the suggested wording in italics and underlined below:

While children’s experience of domestic abuse is usually connected to their parents, they can also be victims in their own right. The impact of seeing, hearing or experiencing the effects of abuse is significant and the long-term consequences of this trauma can stretch into adulthood. Adverse childhood experiences can have lasting, negative effects on a child’s development, health and well-being which can lead to behavioural problems, *delays or deterioration in speech and language*, difficulties at school and increased risk of difficulties in future relationships.

The RCSLT NI would also ask that the section on children and young people be expanded to include a specific mention of children and young people with special education needs. We have suggested some wording below in italics and underlined. We have also included a quote from a member who is working with vulnerable young people who have experienced abuse.

*Children with special educational needs (SEN) may need additional support to understand and report abuse they have experienced, or express their emotions and trauma related to abuse witnessed. This may include autistic children, those with a learning disability or those with complex needs who may be non-verbal. Children may benefit from referral to specialised services, such as speech and language therapy. It is crucial that, if required, communication support is provided so that children with SEN access dedicated abuse and/or trauma-related services to address the impact of witnessing abuse or being a victim themselves.*

“Information regarding domestic abuse needs to be accessible to a young person and matched to their language and communication level. By using effective strategies, we can help ensure a young person understands and provide opportunities for them to have their voice heard.”

**Pg 20** – The RCSLT NI would also welcome a dedicated paragraph within this section with suggested wording below that also draws on the [Domestic Abuse Statutory Guidance for England \(2022\)](#):

#### *People with speech, language and communication needs*

*Speech, language and communication needs occur with a range of conditions, they may be invisible and not immediately apparent. They can impact on individuals with lifelong conditions for example, cerebral palsy, learning disabilities, down syndrome or deafness, or be acquired as a result of stroke,*

*brain injury, Parkinson's disease, dementia and mental health conditions. Communication needs are also associated with neurodiversity or developmental disorders.*

*Communication needs affect people in different ways; some people may find it hard to ask a question, name an object or simply ask for help, while others may have speech difficulties that make them difficult to understand. People with speech, language and communication difficulties may be actively targeted by perpetrators or experience abuse for longer periods. They are likely to face greater barriers in explaining what has happened to them, asking for help, and accessing the support available. Perpetrators may exploit their victim's communication difficulties by claiming they lack understanding or capacity to accurately report events. People with communication needs are therefore particularly vulnerable to abuse and it is crucial that measures are in place to support them.*

**CONSULTATION QUESTION 4: Do you agree with the use of the four pillars in the draft Strategy (Partnership, Prevention, Support and Justice) as levers for change?**

We support the areas identified in the four pillars as levers for change. However, as noted above, we have some concerns that communication needs may be overlooked without a dedicated pillar to address 'at risk' or highly vulnerable groups. To address this, we would suggest that the subsequent action plans include a specific strand on accessibility and inclusion. This would ensure that potential barriers and their intersectionality with planned actions under each pillar were identified and considered. This should include specific consideration of communication needs and engagement with expert speech and language therapists and individuals with lived experience.

RCSLT NI recommend inclusion of a specific strand on accessibility and inclusion in the first action plan for the domestic and sexual abuse strategy, to include speech, language and communication needs.

**Pillar 1: Partnership**

**Pg 23 Outcome 1: Key Priority Areas**

"Working collaboratively across all government Departments and with statutory, voluntary and community and faith organisations to tackle domestic and sexual abuse"

Allied Health Professionals (AHPs) including speech and language therapists are key professions working across health, education and justice often with individuals who experience domestic and sexual abuse as victims or witnesses or are perpetrators themselves or at risk of becoming a perpetrator. The key priority area of working collaboratively is vital and AHPs and SLTs have a key role to play in helping to deliver this strategy. As such we recommend:

RCSLT NI recommend that the Lead Allied Health Professions Office at Department of Health is engaged with the strategy's governance structures at the appropriate juncture.

"Having increased opportunities for victims' voices to be heard and ensuring the strategy's delivery is underpinned by intersectionality recognising that many people have multiple needs and face multiple barriers".

SLTs work in key frontline services that often come into contact with those affected by abuse, for example in services such as: Sure Start; Residential Looked After Children Services; schools and special schools; community and child development clinics; the registered intermediary service; healthcare in prison service; forensic learning disability, social care and domiciliary care. SLTs support individuals affected by abuse who have communication difficulties, their families and other professionals working with them. Given the increased risk for people with communication needs, we believe specific action will be needed to ensure that victims have the support they need and are supported to have their voices heard. As such we recommend:

RCSLT NI would welcome a corresponding commitment to establish an expert advisor group to address issues of accessibility and inclusion, to include those with communication needs.

## **Pillar 2:Prevention**

### **Pg 24 Paragraph 3**

The RCSLT NI would welcome recognition of the role of allied health professionals as an important group in the delivery of the prevention pillar, particularly around early intervention and supporting frontline services to respond effectively.

SLTs, like other AHPs, are often involved with families in services such as Sure Start, Community Clinics or Child Development Clinics. Our members report that the nature of their work can involve building up trusted relationships with families as they see children for prolonged periods of therapy interventions. Disclosures of abuse can occur – for example this could come from a parent worried that a child’s language development delay may be linked to witnessing domestic abuse.

It is crucial that the actions and funding deployed to support prevention activities include AHPs as frontline services. It is acknowledged that AHPs are well placed to support children, young people and their families, particularly from an early intervention perspective when emerging concerns are identified. There is, however, a need to ensure staff have the confidence to identify and respond to concerns in a timely manner and to know where and how to access the right support at the right time. Front line staff require both opportunities and access to relevant safeguarding training and ongoing support to facilitate them in both recognising and responding to the needs of the most vulnerable.

As such, the RCSLT NI would ask for the following addition in italics and underlined in paragraph 3. We have also included a quote from a member with expertise in safeguarding and experience as a Registered Intermediary:

We know that many victims are likely to be in contact with frontline services and may ask for help from someone they trust. That could include GPs, nurses, midwives, *allied health professionals*, teachers, housing officers or community centres.

*“we need to ensure staff have the confidence to identify and respond to concerns in a timely manner and to know where and how to access the right support at the right time”.*

### **Pg 24 Paragraph 4**

The RCSLT NI would welcome some mention of children with SEN and communication needs as they may require accessible and tailored guidance around consent and appropriate relationships. We suggest the following potential wording below in italics and underlined:

...nurture future generations. We must also ensure that accessible information and guidance is provided to children and young people with special educational needs and communication needs, to ensure that they too can understand issues of consent and healthy relationships. However, we know that this is not just about schools.

### **Pg 25 Outcome 3:**

In line with the above comment, we would also ask for the following addition to the text in italics and underlined under outcome 3:

#### **KEY PRIORITY AREA:**

☑ Supporting the education sector to build capacity, knowledge and skills to promote understanding about consent and healthy relationships and to teach about sensitive subjects such as domestic and sexual abuse, in an age appropriate, inclusive, accessible way, across schools and other youth settings, training facilities, Further Education Colleges and Universities

It is important that prevention activities extend beyond the education sector and reach the most vulnerable children who are often witnesses or victims and at risk of perpetuating a cycle of abuse without significant and accessible interventions – as discussed below.

### **Pillar 3: Support**

#### **Pg 26**

We welcome the reference on page 26 “...To ensure effective, accessible support, it is important that support providers fully understand these barriers”. We would reiterate the need for a dedicated section of speech, language and communication to be included in the document as already outlined in our comments above – please see page 3 above.

#### **Pg 27 – Outcome 5**

We note and welcome the recognition in outcome 5 that abuse can have specific impacts on children, that they may need additional support and the explicit inclusion of children.

The impact on children of witnessing or being a victim to abuse can have profound effects on their language and communication development, as outlined in the attached research briefing. In the immediate term, for example with chronic stress and flashbacks shutting down language areas, and in the longer term with associated negative impacts on educational attainment and social and emotional well-being. Therefore, those who provide dedicated support services must be aware of the links with communication needs, and have appropriate training and referral pathways, to support children and victims of abuse. This is also crucial to the key priority area in pillar 3 around enabling services to better understand the intersectionality of need.

SLTs working with children who are looked after in residential settings report that many of the children they support have experienced or witnesses abuse and many will also have complex communication needs.

In 2020 screening of 34 children in secure residential settings in the Western Trust has found 75% of children have speech, language and communication needs – only 2 of these had been previously

referred to SLT services. Supports for those who have witnesses and experienced abuse must be aligned with children’s communication needs to be effective. It is vital that other professionals, such as social workers and residential teams, have an awareness of the links between abuse and communication needs and a clear pathway to support where needed.

The case study below outlines how SLTs work in multidisciplinary teams support vulnerable young people and maximise the support offered by other professionals through accessible information and communication strategies.

**Case Study: Speech and Language Therapy supporting vulnerable children and young people**

Speech, language and communication needs can impact on a young person’s ability to engage with services. As part of an MDT clinic the SLT works alongside Social Work and Psychology. The clinic is used to support social workers to formulate a response to a young person’s question about their care. Often this involves providing the young person with information regarding domestic abuse that has impacted on their entry into care.

The SLT provides guidance on making information regarding domestic abuse accessible to the young person and using word’s that are matched to the young person’s level. The SLT also provides guidance on strategies to use when delivering the information. These strategies help the young person understand and provides opportunities for them to have their voice heard, such as pausing and noticing the young person’s non-verbal as well as verbal communication.

Ensuring communication support is offered is vital - for example, a young person in residential care reported that they didn’t want to attend an ABE police interview to discuss abuse they had disclosed to staff. Residential Staff gave the young person a pen and paper and time to write down and bring with them information they wanted to communicate at interview. This recognition of a young person’s communication needs and providing communication support enabled the young person to then feel able to attend the interview.

The RCSLT NI feel it is important that pillar 3 / outcome 5 includes a commitment to identify the needs of victims in recognition that some adjustments may be needed. This may include referral to speech and language therapy services to support accessibility, participation and recovery. We have suggested amended wording in italics and underlined below:

**OUTCOME 5**

**KEY PRIORITY AREAS:**

Consider and identify the needs of victims including children, and provide accessible support for victims including children, as well as wider family, to reduce the risk and impact of abuse; recover from trauma and improve their health and well-being; and engage in the justice system in a way that ensures they feel protected and safe.

**Pillar 4 Justice**

Pg 28 – we welcome the discussion in the strategy and commitment to consider what works best for addressing abusive behaviour and managing risk within the context of the justice system.

Recognising and supporting communication needs is fundamental to effective understanding and participation.

We note the call for more evidence around this issue and in response, we have included the below case study to illustrate how vital communication support can be in supporting and maximising the work of other professionals.

### **Pg 31 - Outcome 7**

As indicated in our research briefing, 60% of young people in contact with the justice system have unidentified speech, language and communication needs and sadly, abuse is a factor in the lives of many of these young people. For children and young people who are care experienced they may have communication needs that are hidden or have gone undetected – as outlined above.

Our members report that often young people with communication needs require support to access mental health, rehabilitation and prevention initiatives, such as those designed to provide early intervention around inappropriate or risky behaviours relevant to domestic or sexual abuse.

Young people and adults residing in Hydebank and Maghaberry have access to speech and language therapy support via the Healthcare in Prison service. This is an emerging service however the below case study illustrates how vital communication support and language adjustments are for this population. This is particularly relevant when attempting to address the complexities and needs of those who themselves have been victims and perpetrators of abuse. Given the high levels of communication needs among adults and young people who offend, programmes and interventions to break the cycle of abuse may be ineffective without the support outlined below.

#### **Case Study- Joint working within Justice setting - SLT and Forensic Psychologist**

Mrs X is both a victim and a perpetrator of Domestic and Sexual abuse

The work undertaken with Ms X was delivered collaboratively by the Psychology Department and the Speech and Language Therapist, Healthcare in Prison. The Speech and Language Therapist's role was to assist in the appropriate adaptation of materials and ensure reasonable adjustments were made to account for Ms X's communication difficulties associated with her diagnosed learning disability. This meant that she understood the information and therefore maximised her ability to engage effectively. It was hoped that this may also improve her ability to apply any learning from the work.

The differences between healthy and unhealthy relationships were explored, with particular attention focused on intimate relationships. The goal of this piece of work was to help Ms X recognise and maintain positive and healthy relationships on release that will support her, protect herself and others and help her progress in the community.

The second episode of intervention focused on different types of abuse- Physical, Financial, Sexual and Emotional. In each session Ms X was asked to generate examples of the different types of abuse. If she omitted any, these were added. Her understanding of the different examples was explored as was her own experience either as a victim or perpetrator of different types of abuse. Ms X was presented with different scenarios and had to identify if it was abuse and if so what type of abuse. We then discussed ways she could keep herself and others safe from abuse, in the community.

Each session's content was adapted to include extensive use of visual aids. Techniques that have been developed specifically for individuals with cognitive or communication difficulties were used e.g., 'Talking Mats'. Key learning points were written in short bullet points on a flip chart and were revisited throughout the sessions to reinforce learning. Ms X would be asked to repeat back what we had said, in her own words, to ensure and to demonstrate she had understood. Sessions were shorter in length (approximately 45 minutes) to take cognizance of Ms X's limited cognitive abilities.



Ms X attended all sessions and participated fully in all activities. Initially she was hard to keep on topic and could be quite own agenda in terms of leading the conversation. However, the use of simple ground rules and visual aids to structure the session allowed for Ms X to be redirected to tasks. Ms X does not always finish her sentences and assumes knowledge on behalf of the listener. She also mispronounces words occasionally; especially words she has maybe heard frequently in different contexts during her time in custody but doesn't fully understand. The SLT was able to monitor these difficulties, intervene when necessary and provide advice and support to the Forensic Psychologist.

Some weeks Ms X had difficulties recalling the detail of the information covered the previous week but was able to do so when prompted by visual cues. She responded particularly well to the use of a 'Talking Mat' technique which helped focus her and helped her express her thoughts and opinions.

The adaptations and reasonable adjustments that were made to support her communication improved and enhanced her engagement.

Ref: SLT Lead, Healthcare in Prison Team, South Eastern Trust

### **No SLT provision for children and young people in youth justice services in NI**

In Northern Ireland there is currently an inequity for children and young people. At present there is no dedicated specialist speech and language therapy support for young people in contact with the youth justice services in community or in secure settings. RCLST NI has been campaigning for access to speech and language therapy for children in Lakewood and Woodlands. We would welcome some consideration in the outworking of this pillar, of the lack of communication support for children in youth justice settings. We believe that this may impact on the accessibility of programmes on these complex, traumatic issues, without first ensuring that children's communication needs are identified and supported.

Evidence also indicates that children who are looked after are over-represented in the justice system. Identifying communication needs of vulnerable children as early as possible can help maximise the interventions and supports offered by other professionals. Commissioning SLT services into secure youth justice settings is a vital to support early intervention.

To that end, we have suggested that early intervention and communication needs are included specifically in the areas outlined in pillar 4 of the strategy document – see wording suggested below in italics and underlined - to ensure they are included in the implementation that will follow:

#### **Outcome 7**

##### **KEY PRIORITY AREAS:**

☑ Supporting individuals to address and manage their abusive behaviours and sustain positive change at the earliest opportunity.

☑ Encouraging individuals to change their abusive behaviour by removing barriers to participation for example by identifying and supporting communication needs.

#### **Outcome 8 –**

As outlined, people with communication needs are at higher risk of becoming victims to abuse and face additional barriers to reporting. RCLST NI believe that the subsequent action plan must ensure that:

- good practice models and guidance must include awareness of, identification of and appropriate support for communication needs;
- the definition of 'domestic and sexual abuse support' includes the provision of information and all communications relating to support being in accessible and inclusive formats.

To this end, we have suggested that some additional wording in italics and underlined be included as follows:

#### Outcome 8

##### KEY PRIORITY AREAS:

☑ Providing victims of domestic and sexual abuse with *accessible and inclusive* information and services to support them through the criminal justice process.

Given their expertise in speech, language and communication, SLTs have an important role to play in helping deliver the vision outlined in the domestic and sexual abuse strategy. Speech and language therapy working as part of multi-disciplinary teams and as a specialist service can:

- help to ensure the accessibility of programmes to support people affected by domestic abuse who have communication needs;
- contribute to the safeguarding of vulnerable individuals;
- support the identification and appropriate response to children's communication needs;
- support other professionals to recognise and make adjustments for communication needs, for example by advising on how therapeutic approaches, such as talking therapies which require comprehension and expressive language skills, can be adapted.

It is important to note that individuals with communication needs who have been victims or witnesses to abuse in NI, may be accessing support services where there is currently no SLT commissioning or communication support pathways, for example CAMHS as well as youth justice services. Unidentified communication needs can be a significant barrier to successfully accessing support services and it should not be assumed that communication needs would be apparent or identified already.

We trust this information is helpful to the team's ongoing work on the strategy and if you would like any further information please contact Vivienne Fitzroy, Policy Adviser, RCSLT NI

[Vivienne.fitzroy@rcslt.org](mailto:Vivienne.fitzroy@rcslt.org)